DOCUMENT RESUME

ED 331 617 PS 019 423

AUTHOR	Tay, A. K. B.
TITLE	'Child-to-Child' in Africa: Towards an Open Learning Strategy. UNESCO-UNICEF Co-operative Programme Digest No. 29.
INSTITUTION	United Nations Children's Fund, Paris (France).; United Nations Educational, Scientific, and Cultural Organization, Paris (France).
PUB DATE	89
NOTE	161p.; For other titles in this series, see PS 019 414-425.
PUB TYPE	Reports - Descriptive (141)
EDRS PRICE	MF01/PC07 Plus Postage.
DESCRIPTORS	*Curriculum Development; Developing Nations; Educational Change; Educational Improvement; Elementary Education; Foreign Countries; *Generalization; Guidelines; *Health Education; *Open Education; Preschool Education; Program Descriptions; *Teaching Methods
IDENTIFIERS	*Africa; *Child to Child Program

ABSTRACT

Based on a meeting of experts convened in Lome, Togo in June, 1989, this digest aims to demonstrate what is understood to be the broad potential of the child-to-child approach, which many people think of as being applicable only to health education. The digest contains three main sections. Section A highlights the original cultural references of the concept. Particular attention is given to the transition from traditional educative models to a transcultural, child-to-child approach in public health education. Section B offers examples of this practical application in a number of Sub-Saharan countries of Africa, including Kenya, Zimbabwe, Botswana, Burkina Faso, Mali, Mauritania, and Nigeria. Section C emphasizes the potential of the child-to-child approach in teaching all subjects in the elementary school. Annexes provide recommendations of the Lome Meeting, citations of expert papers presented at the Lome Meeting, and a child-to-child activity sheet. (RH)

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'Child-to-Child' in Africa: Towards an Open Learning Strategy

by

A.K.B. Tay

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PREFACE

You have probably already heard something about an astonishingly successful new educational approach that sets out to teach the young child how to identify and learn more about any of the problems of everyday life that may concern him (health, food, water, the need for instruction...) and to evaluate the possibilities of taking action to resolve them.

More than this, the new approach encourages the child to think up alternative solutions, to take decisions, to take action and then to evaluate the results obtained. He goes on to reinforce, to improve and to pass on the positive results achieved to those around him (younger children, older children, his parents, the community) with a keen sense of responsibility to himself and to others. For the goal of the new approach is to encourage the development of a self-educating society that knows how to take the best from the traditional and the modern in a Third World country where *learning to act now* is more important than *learning, perhaps how to eventually act later*.

What is it all about? What is new in this approach? What can be hoped from it in the years to come?

The purpose of this **Digest** is to demonstrate the vast potential of the **Child-to-Child Approach** which many people think of as being applicable only to health education.

In answering the questions posed above, this book aims to make its contribution to the necessary task of informing political decision-makers, education administrators, teachers and the general public about this Approach. To do this, it draws heavily upon a meeting of experts in health and school education which was held in Lomé (Togo) in June 1989 and on some of the papers presented at the meeting.

The first section of the **Digest**, Section A, highlights the original cultural references of the concept; Section B gives examples of this practical application in a number of countries of Africa south of the Sahara; and, in Section C, taking strength from the convictions of the experts, the emphasis is on the potential for applying the new Approach, originally conceived as a method of conveying health education, to all the subjects taught in primary school.

"Yet another pedagogical method?", one might ask, in view of the high "birth and mortality rates" of educational innovations that have come and gone in the Third World, especially in Africa, over the last thirty years. Perhaps it has to be thus because education cannot escape historical evolution and because in education, as in any other field of human action, the history of certainties is no more than a continuous series of rectified errors - which is ample justification for the boldness of the recommendations that emerged from the Lomé meeting.

Our sincere thanks go to the Government of Togo, the International Catholic Bureau for Children (ICCB), UNICEF/Togo, the Institute of Education, London, the NCK Foundation (Netherlands) and the TROCAIRE Foundation (Ireland), as well as to all those who contributed to the success of the Lomé meeting and to the publication of this **Digest**.

A.K.B. Tay
Unit for Co-operation
with UNICEF ans WFP

Paris, December 1989

INTRODUCTION

This **Digest** is one of the end results of a co-operative venture involving United Nations Agencies (Unesco, UNICEF), Non-Governmental Organizations (ICCB-Geneva and Paris, The Institute of Education, London) and two Foundations (NCK - Netherlands, and TROCAIRE - Ireland).

The idea of organizing the meeting from which the essence of this Digest derives emerged from a consultation between ICCB and Unesco which took place in Paris, in November 1988. The consultation itself was an expression of the desire of the two organizations to undertake joint initiatives aimed at improving the quality of primary and pre-school education in the developing countries. The objective was to insert into these two levels of education the fruits of a decade of experience(1) in the '**Child-to-Child**' approach normally reserved for education in public health.

The Unesco/ICCB meeting of November 1988 expressed the unanimous opinion, if not the conviction, that the '**Child-to-Child**' approach used in connexion with public health teaching had developed into a pedagogical method in its own right and could henceforth be employed as a method of teaching subjects other than public health at the primary and pre-school levels. It would therefore be necessary to bring together a small group of teachers and specialists in this method to explore the possibility of extending its application beyond the realm of public health to that of school education.

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(1) See the excellent book by H. Hawes, Child-to-Child, Another Path to Learning, Unesco Institute for Education, Hamburg, 1966.

The Unesco-UNICEF Co-operative Programme, ICCB, UNICEF-Togo and the Togo National Commission for Unesco therefore convened a Meeting of Experts on the **'Child-to-Child'** Approach and its Applications in Education, which was held in Lomé (Togo) from 19 to 24 June 1989. The meeting was attended by twenty-eight experts from Burkina Faso, France, Kenya, Mali, Niger, Togo and the United Kingdom, as well as by representatives from Unesco, UNICEF, ICCB, the London Institute of Education and the Burkinabe **'Child-to-Child'** Association (BA/CTC)

Africa was chosen as the venue for this first meeting because it was there that the concept was first put into practice and also because it was there, especially in the English-speaking countries, that the longest and most varied experience in its use had been acquired.

The objectives of the Lomé meeting were:

(a) to assess the **'Child-to-Child'** concept as originally defined in terms of public health education as well as its application over the past ten years in sixty countries in Africa, Asia and the Caribbean;

(b) to describe and evaluate the experience gained in the field of public health education;

(c) to identify and examine possible applications of the concept in education, particularly at the primary or basic level in Africa;

(d) to suggest to Unesco, UNICEF and other United Nations Agencies concerned that greater attention should be paid to the **'Child-to-Child'** approach and to recommend effective inter-agency co-operation in the development of it.

This Digest offers a thematic presentation of extracts and résumés of papers and working documents of the Lomé meeting.

A

CHILD-TO-CHILD

ORIGINS, EVOLUTION, PRESENT SITUATION

If the objectives of the Lomé meeting were to be achieved, general acceptance of the **Child-to-Child** concept was a necessary prerequisite. All the participants had to be adequately informed of its evolution, its successes and its weaknesses, as well as of the future challenges it would have to face.

I

FROM TRADITIONAL EDUCATIVE MODELS TO A TRANSCULTURAL APPROACH

Those initiators of, and experts in, the **Child-to-Child** approach who attended the Lomé meeting (H. Hawes, S. Vanistendael and E. Dumurgier)(1) referred repeatedly to African traditional education models and their practice of delegating to the older children the responsibility for looking after the younger ones. As Mr. S. Vanistendael pointed out during the Unesco/ICCB consultative meeting, in November 1988.

> *It is very interesting to note that the methods employed in the* ***Child-to-Child*** *approach originated in Africa,*

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(1) For list of papers and documents see Annex 2)

in the Third World, where they are part of the educational tradition. More usually," he added, "solutions to the problems of education for development are formulated for the peoples of the South by experts from the North, who base them solely on their own experience. For the first time, the experience of the South has been used to formulate an educational concept which is valid for both North and South. The immediate success achieved by this method in Africa is due to the fact that it is derived from practices already in operation there."

This implies that traditional education in Africa represents a potentially rich, but still not fully explored, source, which, if properly exploited and modernized, could have a contribution to make towards the improvement of the quality of basic education.

1. Three Models of Traditional Education (Mauritania, Niger, Togo)

Two papers presented at the Lomé meeting illustrate the potential of traditional education. The first, by Mr. Y. Nambou(1) shows how traditional education offers the natural and human environment, the family setting and the activities of daily life to young child as an ensemble of educational opportunities director to the whole child.

1.1 - Traditional Education in Bassar (Northern Togo)

Very early on, the young child becomes bound up with his peer group. From his earliest days he will have seen his big brothers setting off in the morning for the pastures, seated astride bulls, cows or even horses, their nostrils steaming in the light of dawn. He will have seen them returning happily to the village in the evening. He will, above all, have seen them rounding up the scattered herd, with a shout here and an order there that brooks no disobedience. He will also have watched his sisters rising very early to help their mother sweep the compound and its surroundings, drawing water from the river, washing their little brothers and sisters and clearing up the dishes used the previous evening. He will have seen them prinking and primping and accompanying their mother to the local market to sell vegetables and other rural products. And as the years go by they will have seen their brothers, one after the other, leaving their cattle-tending tasks to go off with their parents to tend the land while their sisters progressively assume the role of housewife.

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(1) Nambou Y., "Education traditionnelle et coutumière" A case study on the education of young girls in a village of Bassar, Northern Togo.

In fact, from the earliest age, the young child has a precise role to play within the household which is implicitly assigned to him or her in accordance with the social status of the parents.

Nature itself is the first training ground. The child builds up his physical and spiritual strength and sharpens his senses and all his faculties through contact with both his natural and family environment. His elders, his first teachers, show him how to scramble on to the back of one of the beasts that act as leaders of the family herd and to guide it towards the pasture and the watering-place that are part of his parents' inheritance.

Learning to haul oneself up on to the back of one of these animals is one of the first lessons in courage; and to succeed in staying there with the help of the mane, the bit that acts upon a horse's tongue or the rope that passes through the bull's nostrils, is a further test of tenacity and courage.

Learning how to control one of these beasts, when, maddened by painful wasp bites, it bucks in rage, how to flee with the herd when by mischance it has devastated a neighbour's field of young millet, maize or yam shoots, how to try to cover the trail of the herd so as to prevent this neighbour from following your traces back to the village and calling down on you the wrath of your parents because you did not know how to keep the herd properly confined to the pastureland, these are but a few examples of the practical lessons that must be learned for it to be tacitly accepted - with no need of idle words - that you have completed a stage in your physical, intellectual, moral and social training.

The observance of clan property rights and other aptitudes are involved in this vast environmental programme in which lessons in physical education, health, observation, geography, history, calculation, etc. are all interwoven.

The young child must know how to:

- Find his bearings;
- Recognize the direction of the wind when in the bush so as to be better able to guide the herd in the right direction;
- Make a fire with the aid of a flint and kindling of kapok fibres or pieces of straw, bearing in mind the direction of the wind, so as to be able to cook yam, manioc or taro roots in the glowing embers, in other words to show that he is capable of preparing for himself a midday meal;
- Interpret the cooing of the green pigeon or the song of the partridge in the spinney so as to know the hour of sunset when the sky is overcast with cloud;
- Get the cattle to enter their stalls happily by playing a melodious air on the little wooden flute that every child carries on a piece of string tied round his neck...

... all these are interdisciplinary acquisitions that can make an effective contribution to the physical, cognitive, intellectual, social and moral development of the child.

Back at home in the evening, once the cattle have been settled in their stalls and before the family takes its evening meal from the communal dish, the boys in a group the girls in another, the boys will have tended the poultry in the hen-coop.

These are all difficult lessons to learn, but fortunately they are also concrete, practical lessons, demanding endurance, good health, courage, patience, intelligence and love, and which no young member of the tribe would want to shirk.

While the young boy is thus frenziedly seeking his new status across mountain and bush, the young girl is at her mother's side giving of her best in the many daily tasks that make up the life of a housewife. These include: sweeping out the compound and its surroundings, washing dishes, going to fetch a gourdful of water from the river, cutting wood from the forest, helping to prepare the various sauces that accompany meals, selling vegetables at the local market, and so on.

At night, after the evening meal at which, crouched in a circle around a common bowl, the children chat together, their hands brushing as they grab handfuls of food as best they may, the boys retire to their bedroom and the girls to theirs. As night falls, they savour the delicious moments of relaxation after a difficult day and recount their exploits and misadventures.

This, then, is how the patient round of the traditional, customary education of young boys and girls flows on against the setting of peer groups, parents and the wider environment. For both sexes the objective is the same: to familiarize the young child, as early as possible, with the local realities that surround him or her and which must play a decisive part in his or her overall education, so as to awaken, as Madame de Kergomard has stressed, the Man or Woman that lies dormant within each one of them.

Moreover, it cannot be over-emphasized that, on the grazing lands and amongst peers, the discovery of personal qualities counts for a great deal, and, consequently, that these qualities must be developed. It is often the one who is most cunning at role games, at archery, wrestling, running races, hide-and-seek, jumping, etc., who becomes the leader of the group.

The parents are not indifferent to what is happening to and around their children and they watch anxiously over their development. During this period of adaptation of young children to a wider yet still small society in which they have the support of love and affection, their parents know how to guide them through these golden years of even-tempered equilibrium and to prepare them for the emotional storms that lie ahead, the hurricanes that herald of the onset of the period of pre-adolescence beset as it is with the violent forces of growth. They know how to turn to a new page in the book of life, offering an unspoken invitation to the young boy to join them on the road to the fields and to the young girl to assume progressively greater responsability within the household.

This kind of global education, which, above all, lays stress on:

- *peer groups,*
- *the personal and wider environment,*
- *the practical nature of the systemic approach,*

...has, over the years, provided convincing proof of its efficacity."

1.2 Traditional Education in Mauritania and Niger

The second contribution (A. Tay, 1987) concerning the educational potential of African cultures, consists of a large extract from the inquiry conducted by the Unesco-UNICEF Co-operative programme in Mauritania and Niger. It describes and comments on the traditional educational models current in the two countries. Traditional education is examined in the light of its relationships with all aspects of culture, from spirituality to ecological considerations.

The inquiry starts from the hypothesis (among others) that one of the weak points militating against success in attempts to renovate formal education in Africa is an often insufficient knowledge of the realities of local conditions and that, as a result, financial resources are more readily concentrated on formal education simply because this is more visible and better understood. Hence the micro-analytic nature of the following text.

Education and the Wider Vision of the World

No educationist who really cares about his fellow human beings and is aware that any educative action taken can transform a child and have an effect on his or her future can easily dismiss the need for a minimum of certainties and well-founded principles to sanction his educational practices. In the industrialized world, these certainties seem more and more to spring from a preoccupation with the how of doing things, whereas for the majority of the peoples of Africa the how of doing things seems to be subordinate to the question why do something, which makes sense of the question of what to do.

In the developed countries, as well as in the social strata in developing countries already influenced by modernity, the basis of education has been simplified by a movement away from creation, founding and religious myths towards knowledge and know-how of use to the individual in the search for rational, practical, relatively lasting solutions to the problems of man's limitations and imperfections and his sense of impotence in the face of death, disease, famine and suffering of all kinds. Although African societies may now be open to change in the basic ethic of education, for most of the members of these societies the child is still regarded as in some sense sacred. The future of the child as influenced by education is still seen from the viewpoint of a spiritual vision of the world. This explains the importance given to myths, religions, ideologies and history as influences on educational practices in the conception of the inquiry.

Almost all the families that took part in the inquiry declared themselves to be Muslim. However, the interviews indicate certain shades of difference between the Islam of Mauritania and that of Niger. Whereas in Mauritania Islam appears to be well-established and without competition, in Niger it seems to be paralleled by traditional African religions or by more or less durable memories of these traditions. This creates the impression of a latent conflict between the dominant Muslim religion and the African religions, discreetly practised alongside it - the purpose of this double religious practice being the maintenance of peaceful relationships between communities and individuals.

According to some of the statements gathered, Islam has various methods of combating the African religions, which it considers to be animist and pagan. For example: "If a single person attending a funeral declares that the deceased had not been a true Muslim believer, all those attending the ceremony will leave and this will bring great dishonour on his family." (Qn2/21/NIG)(1).

In Mauritania: "The true representation of the world is that of the Holy Scriptures. Any other form of representation is satanic." (Qn2/6/MAU).

Generally speaking, no vision of the world, whether cosmogonic, mythical or Muslim is complete. Even in the Islamic stronghold of Mauritania only fragmentary spiritual texts are available. It must be recognized, however, that what is important here are the realities of daily life as experienced by the people interviewed. An inquiry of this kind is not really necessary to find out, for example, the nature of the vision of the world according to Islamic principles in the two countries. For this the Koran and the official commentaries on it suffice. Similarly, African traditions relating to children are recorded in many authoritative works. However, the influences of daily life on children in the countries involved in the inquiry may differ, in varying degreees, from the official, or widely accepted norms which, nevertheless, are cited in justification of practices affecting them. It therefore seemed advisable and justified to reproduce here the basic tenor of the discussions recorded whether they were complete or not.

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(1) The identity number of the family that participated in the inquiry.

According to the visions of the world based on the Islamic faith, as they appear in the accounts recorded, the world was created by God (Allah). There is a hell and a paradise. Everything that exists is the work of God, a transcendant being and the reason and cause of all things. To give human beings access to him, he created the religion of Mohamed through which they must pass. Although God is the supreme Lord of the universe, he has entrusted to men the conduct of the affairs of this world. If the men who have authority in this world are good, then the world will be good, if they are bad, the world will be bad. God is all-powerful, but he has said: "Help thyself and I will help thee." Many roads lead to Him and it is He who shows each one of us which to follow (Qn2/12/NIG). God it is who gives each of us what we deserve (Qn2/26/NIG). He requires men to express their solidarity by charity and by loving their neighbours. The good Muslim knows how to behave himself both in society and within the family. The child who observes the tenets of Islam will be integrated into society. God wants us to educate our children in this way. Islam makes it possible to interpret the facts of daily life both by its own principles and by those of science without weakening the foundations of the faith (Qn2/27/MAU).

For a variety of reasons it is not easy to make a coherent synthesis of the visions of the world as based on traditional African religions. Not only are the statements collected fragmentary, they almost all employ terms such as "before", "in olden times", "nowadays", "there used to be", expressions that refer back to undated memories which seem like statements of realities rather than memories. Sometimes the terms "in the olden days" and "nowadays" mean before and after the coming of Islam.

The fullest exposition of traditional spirituality and the one which best covered the notions expressed in other incomplete statements, as well as being the easiest to complement from other sources was made by a Hausa-Ba'adarewa family of the Tahoua district (Qn2/23/NIG).

> "The world was created by God, who is both transcendant and immanent. In order to give human beings access to him, he game them the one and unique way, which is called AZNA, the first universal religion, whose symbol is a stick. Later, men broke the stick into two pieces, one representing AZNA and the other the religions of the Prophets."

The Ba'adarewa have chosen to remain faithful to the traditional way, though they see nothing wrong or reprehensible in the other paths, since human beings and the "genies", the invisible spirits to whom the Ba'adarewa offer sacrifices, are all creatures of the same, unique God.

This is how the invisible genies came into existence. When he created the first man and woman, God endowed them with the ability to have a certain number of children. This they did. Then God sent one of his messengers to ask how many children they had brought into the world. Hoping, no doubt, to have more children, they hid some of their children showing only some of them to God's messenger. But God, who sees all things, even those that are hidden, was angered because the first man and woman had lied to him. To punish them, God made the children that had been hidden permanently invisible to their parents and to their brothers and sisters. Like God himself, however, these invisible sons and daughers can see everything around them. Thus they live in both the visible and the invisible worlds and there they multiply just as do visible human beings in the visible world in which we live. Thus these invisible human have powers over the world, powers that are not granted to visible humans. This is why the Aznaqa, sons of the earth who know the right sacrifices to please the genies, obtain from them every favour they ask in return for the appropriate animal sacrifices. Usually they take place in the bush, far from the eyes of the uninitiated. In certain areas, the sacrifices are sometimes followed by a cultural event, the "Guiiri-Forey" (Qn2/6/NIG), which may last up to a week and during which representatives of the genies predict the course of the future, revealing what the seasons and the crops will be like. The Azna are no longer in a position to influence every aspect of the daily lives of the inhabitants. In a certain sense they are little respected because they are animists. Furthermore, everything has turned to their disadvantage as far as power in the villages is concerned. The Azna chiefs, whose authority pre-dates that of the Canton, are now subject to the latter. The legitimacy of the power of an Azna chief is established by the genies who themselves select the successor of a deceased chief through a special ritual. Thus the position of chief is not hereditary.

An Azna chief still sees each member of his community as one of his subjects for whose safety and well-being he is responsible. This responsibility stems from a pact which, once selected, he makes with the ancestors. It binds him to protect every member of the community without material reward and whether or not they are aware of or even want his protection. Today, he has to obtain the permission of the new authorities before he can perform certain sacrifices. This permission is sometimes granted, and the animals to be sacrificed provided, when the authorities consider the sacrifices to be in the public interest as ensuring the spiritual and material security of the community.

Thanks to his supernatural powers, an Azna chief can resolve many individual or family problems. He initiates into the mysteries of the traditions those who so desire and whom he considers worthy of his trust. This trust is difficult to earn even for his own children, who cannot aspire to be initiated before the age of twenty at the earliest. Despite the low esteem in which they are held today, the Aznawa continue to ask God, through their genie intermediaries, to protect the communities of which they are members. They continue to perform their ceremonies amongst themselves so as to ensure good crops for everyone. According to some sources, for the Muslims of Niger the term Aznawa, which is used to denote non-Muslims, means "animist . In Tahoua they are termed Arnawa. Although they are barely accepted in communities in which the Muslim influence is strong, the azna or Arnawa are regularly consulted by everyone whenever a serious problem arises (long illness, death, death of a child or a series of mortal accidents, female sterility, poverty, theft, etc.) for which neither Islam nor modern Western methods can offer a solution. When Islamic social pressure on the Aznawa or Arnawa minority becomes too strong, they do not hesitate *to embrace Islamic practices with fervour. Similarly, Muslims whose faith cannot be questioned acknowledge the abilities of the Aznawa or Arnawa (Qn2/31/NIG). This is not necessarily a sign of hypocrisy, but rather that peaceful relations between individuals and in society are the dominant preoccupation. Furthermore, the African concept of God leaves little place for religious conflict in his name, since there is virtually no history of any truly African religion with proselytizing tendencies.*

Views on the subject of life and death, whether obtained in Mauritania or Niger, from traditionalists or Muslims, nearly all come down to that expressed by a Tuareg from Agadez:

> *"Death is a matter of destiny. It comes when the individual concerned has completed his term on this earth. God, the creator of the universe and of man, knows from the moment of a man's birth, how long he will live in this world." (Qn2/21/NIG).*

According to most of the families interviewed, the Muslim is only passing through this world. His final destination, after death, is paradise. To get there, he must, during his lifetime, strictly observe God's cammandments, that is, say his daily prayers, fast, give alms and, if possible, make the pilgrimage to Mecca. None of the interviewees suggested any cosmogonic or traditional view of the meaning of death. This, however, does not mean that such views do not exist in the two countries.

It can therefore be said that, in addition to the influence of Western civilization, which was barely mentioned in the interviews despite its remarkable development, especially in the towns, the families questioned take as their reference a double vision of the world, the traditional and the Islamic (as well as a syncretic combination of the two). As far as basic principles and certainties as a sanction for the education of the preschool child are concerned, the former has less influence than the latter.

Rather surprisingly, this situation, which is of prime importance in Africa for any approach to the renovation of education that claims to be realistic and *objective, is often disregarded by the analysts. Since the inquiry was concerned with the Sahel, the accepted cosmogonic sanctions for education were restricted to islam, traditional African religion and a syncretic combination of the two. In other areas of Africa, Christianity would certainly figure among the dominant cosmogonies.*

Values and Standards

Although none of the statements on spirituality gathered during the inquiry constituted in itself a complete, systematic vision of the world complete with the classic components of cosmogenesis, the creation of man and of living things, the end of the world, the life and death of the individual, good and evil, punishment and hope, etc., some of them offer clear expressions of the grounds for education. This is the case, for example, with the text quoted above about Islam, which states that:

> *God has entrusted to men the conduct of the affairs of this world. If the men who have authority in this world are good, then the world will be good, if they are bad, the world will be bad (...). The child who observes the tenets of Islam will be integrated into society. God wants us to education our children in this way." (Qn2/27/NIG).*

In the same way, creation myths, such as those of the Ba'adarewa mentioned above, are not lacking in moral principles that coincide with those of Islam.

Thus, if life is to take on its full meaning, it is essential to behave in accordance with certain sacred principles, and it is the purpose of education to make these known to children and to teach them to put them into practice.

> *"Islam is the foundation, the central core of education in the family" (Qn2/21/NIG).*

For a child to live at ease within the community, from the age of two or three he or she must be brought *up in accordance with the tenets of Islam (Qn2/27/MAU). Nevertheless, many of the families take into account tne dual vision of the world mentioned above. At the age of ten, he or she must have acquired the basic habitudes of Islamic practice (Qn2/11,23,31,44/NIG).*

This somewhat religion-oriented process of socialization of the child takes place on special occasions that arise within the cultural context and during the activities of daily life. These occasions enable the family and, theoretically, any member of the community to impart moral and religious values to the children as well as non-religious knowledge of a level appropriate to their age.

The Religious and Moral Content of Education (in both countries)

(1) Acknowledge the existence of God, believe in Him and love Him;

(2) Say your daily prayers;

(3) Fast;

(4) Give alms;

(5) Respect ancestral traditions;

(6) Distinguish good from evil, and do good

(7) Become a good Muslim by the age of seven, and by ten a perfect believer;

(8) Obey your parents, your elders and adults in general;

(9) Respect family and religious interdictions;

(10) Prepare for future family responsibilities;

(11) If possible, do not marry a foreigner;

(12) Respect the elders and all those older than you are; greet them politely;

(13) Show solidarity with your family and the community;

(14) Know how to behave and speak irreproachably within the family and in the community;

(15) Have a sense of group responsibility

(16) Go quickly to the aid of old people;

(17) Be discreet; do not intrude upon the conversation

of a group of adults without being invited; control your curiosity;

(18) Treat all old people as if they were your own father or your own mother;

(19) Respect the hierarchy of authority in the family and the community;

(20) Be honest;

(21) Be generous;

(22) Acquire a sense of honour and dignity;

(23) Be truthful;

(24) Honour your commitments;

(25) Learn to be humble;

(26) Be brave;

(27) Learn endurance;

(28) Do your work zealously;

(29) Be just;

(30) Do not steal, within the family or elsewhere;

(31) Avoid quarrels within the family and outside it;

(32) Be friendly.

The non-Religious Content

(1) Knowledge of the family kinship system and the history of the ancestors;

(2) Knowledge of the mother tongue;

(3) Knowledge of one's own body (boys/girls) and its social implications;

(4) Tales, songs, dances and sporting and ritual combat;

(5) Household work;

(6) Agriculture

(7) Care of animals and plants

(8) Crafts (fishing - the Do tradition, for example - jewellery-making carpentry, being a

blacksmith - often the father's trade in rural areas)

(9) Looking after the young children of the family;

(10) Games with one's peer group (with or without toys)

(11) Knowledge of the immediate and wider environment;

(12) An introduction to trading;

(13) Cleanliness of the body and the environment.

Religious and moral awareness seem to be accorded greater importance than any other aptitude. This does not mean that the two visions of the world, the Islamic and the traditional African visions, result in the peoples concerned lacking interest in the real, material world. The history of Islam shows how much its teachings have contributed to science. Similarly, Africa south of the Sahara has undoubtedly always had a rational awareness of nature, as this quotation from Richard Saint Barbe Baker shows:

> "In the Sapoba forest, we had an expert hunter of snakes who sought out reptiles for pleasure. For him this was a kind of hobby, for he was really a forestry worker who had learned this particular skill from his father. In a small enclosure he kept a number of young goats each of which he used to inject with the serum of one species of snake venom. He would administer minute doses of venom and to this end he kept a living laboratory close at hand. If anyone was bitten by a snake, he would go and see him and then, having selected the appropriate animal, he would administer a suitable serum which he extracted directly from the living beast. All you had to do was to tell him the name of the snake that had bitten you, the remedy for any snake-bite being its own serum."
>
> (R. Saint Barbe Baker, "Tambours Africains", Stock, Paris, 1949)

A few families interviewed confirmed the existence of similar lore and practices, but said that these were only handed down to certain children according to their *age and merits. Others said that such knowledge was kept secret by certain castes or trade guilds, such as the blacksmiths and the fishermen. Yet others expressed their regret that such knowledge was made so difficult to acquire at a time when those who possessed it were growing old and dying without leaving any written record of it.*

Some Examples of Educational Opportunities

Since education within the family does not follow a pre-determined programme syllabus of knowledge and aptitudes to be transmitted to the young child, it takes place under conditions that are in varying degrees of conformity with educational practice. According to the statements gathered, the most favourable opportunities for this kind of education arise in the course of the performance of household tasks and outside the home on the occasion of regular or periodical cultural events, such as ceremonies, festivals, rituals, and during the playing of games. However, most of these occasions were not listed or described precisely enough for it to be possible to adapt them for immediate use as pedagogical material. Furthermore, these educational opportunities are not specifically suited to the needs of the pre-school child. Some of them are no more than settings within which there reigns an atmosphere conducive to education or to the conditioning that prepares children for their future roles in the community. In these circumstances, the child is merely an onlooker, sometimes passive, but keenly observing how people behave and what they do, listening to what they say, to the music and to the songs, all of which indirectly, will contribute to the formation of his own character and personality.

a) Educational Opportunities offered by Islam

Among the occasions most often cited as providing educational opportunities for children are: the festivals of Tabaski (the festival of sheep), Ramadan and the Mouloud (the birthday of Mohamed), as well as the preparations for them. In Mauritania, traditional, non-Muslim festivals, ceremonies and rituals have become very rare, apart from the circumcision ritual (Qn2/25/MAU). In Niger, however, *many ceremonies, both Muslim and traditional, offer educational opportunities for children (Qn2/18/NIG).*

b) *Educational Opportunities Offered by the African Tradition*

In Niger, the young Beri-Beri organize a cultural event, the Wassam-kara, in which the little children participate to express their joy at the completion of the harvest. At this event, which is a kind of popular theatre show, the children are allowed to impersonate political personalities, or, indeed, anyone they care to choose. This event used to take place at the end of each harvest and go on for a week, but nowadays it only occurs once a year.

Two Azna religious ceremonies were noted: the Bori, or dance of possession, which makes it possible to predict the future, and the Tarkama, a ritual by means of which those guilty of crimes are unmasked, the successor of a deceased chief is designated, or the place where an object has been hidden or lost is revealed.

Some of those interviewed mentioned, but did not describe, a number of other ceremonial occasions which they considered offered educational opportunities for young children.

c) *Work and Education*

The Bakatsenawa of the Maradi region introduce young boys to farming in a progressive, semi-ritualistic manner designed to inculcate in them some of the principles of the two educational categories (religious and moral - non-religious) mentioned above.

The initiation starts at the age of three or four, when the child is able to accompany his father, not only to the fields, but also to places of sacrifice where he can observe the ceremonies and learn the various phases of the ritual. By the age of seven, a boy is expected to have learned enough to go on to the next, more difficult stage, which includes tests of his endurance, courage, enthusiasm for work and the ingenuity he will need if he is to survive as a farmer. With the agreement of the elders of the village, his father allots him an initiatory plot of land, deep in the bush (Qn2/17/NIG). One day, he is taken by his father and initiators to his plot where he is given instructions as to what to do and then left on his own. The only person he is allowed to see is the person whose job it is to watch over him day and night and to bring him food and drink, but he is not permitted to talk to him. This period of isolation may last from one to three weeks, at the end of which the elders of the village come to assess what he has achieved. They look at how he has got on with clearing the soil (this may be fairly superficial), building a shelter and organizing his protection against the dangers of the bush, and they make an assessment of his endurance, his courage and other moral qualities, as well as how he has coped with solitude and his ability to find solutions to the problems he has had to face. This is the most difficult time for all the children, yet they always get through it with varying degrees of success. The child then returns to the village where he becomes the son of every man and every woman and he is acknowledged as a worthy member of the community. From that moment on, any adult can ask his parents to let him help in the work in the fields. In this way the entire community is involved in educating the child in farming matters.

According to some Gobirawa families (Qn2/19/NIG), from the age of four or five, children, both boys and girls, start to go to the fields with the older ones to help them with their work, because learning about tilling the soil is a duty. It is this that ensures the child's subsistence.

From the age of at least five, children in rural areas normally work with their parents in the fields (or in the gardens). They fulfil the simpler tasks suited to their age. They sow seed and keep an eye on the area around the fields so as to chase away animals that might damage the seedlings or the crops. It was stressed that the big difference between the work of the children and that of the adults is that the children are free to stop working as soon as they feel tired, to amuse themselves and play before starting to work again. They watch and imitate their elders and their parents to whom they make themselves useful in minor ways, whilst the parents keep a vigilant eye on them to see that they come to no harm.

Apart from the initiation ritual, the methods of education through work are the same whether the work is agricultural or not.

Where cattle-raising is the main occupation, as soon as the children come home from the Koranic school, which they normally attend, they tend the animals. The girls may take the goats out to graze while the boys take care of the camels. A father who is a merchant may start to teach his son his trade, at the age of six or seven, by taking him on a journey with him from time to time or by giving him some small responsibilities in his shop. Observation, imitation and execution of a single task, suited to the age of the child, then of a group of tasks and finally of a complete piece of work is the method of training adopted in the craft workshops.

Education through the practice of fishing, consists essentially of teaching the child the techniques of fishing, its dangers, its spiritual aspects and its supernatural meaning. The child's initiation begins only when the adults are sure that he respects scrupulously the interdictions he has been taught from a very tender age. At the age of seven he starts to learn those things that will be useful to him during his adult life as a fisherman. He learns by watching adults as they use the locally-made fishing tackle - nets (taaru and bililli), harpoons (harji, zoogay and zoogu), etc. According to one family, the Do ethnic group specializes in the practices and economic activities connected with the river Niger. All accidents on the river come within the remit of the Do. Here again the children are trained for endurance - for example, to stay under water as long as possible so as to be able to search for and save anyone in danger, to fight and master dangerous aquatic animals, or to recover the cargo of a pirogue that has foundered, etc. The child learns by observation, followed by practical experience, that it is his duty to be at the disposal of the community as part of the security service responsible for handling any problem concerning the river. As with the other educational opportunities mentioned here, the aim is the inculcation of moral and religious values, as well as non-religious aptitudes, taking into account the child's age and circumstances.

With regard to household work, education in the family is aimed mainly (if not entirely) at the young girl, who is always at her mother's side in the kitchen no matter what other occupations she may have elsewhere and at other times (attending the Koranic or other school, running various errands). The girls peel and pound vegetables and spices, wash the dishes, sweep the floors, fetch water and firewood, go to the market and look after the babies, etc. Many families in both urban and rural areas consider that work in the kitchen is not for boys, but they must be available to help their fathers with tasks requiring strength. Usually, however, the boys have fewer tasks to perform than the girls (Qn2/30/MAU).

As one family in the Agadez region noted, the result of this type of education through work is that by the age of seven the child is generally already used to carrying out certain simple but useful domestic tasks. Both in the towns and in the rural areas, the children are the principal means of communication in the village and the district. They often act as messengers between the family and neighbours, a task that calls for concentration, a good memory, obedience, etc. As the young girl grows up she becomes more and more useful to her mother in her housekeeping role. The better she is trained for this role, the more she will be in demand for an early marriage (Qn2/23/MAU).

d) Education and Mealtimes

Because of their frequency and the way they are regulated and organized, mealtimes provide one of the most important opportnities for in-family child education. From the interviews we learn that mealtimes follow a generally respected pattern which takes into account the ages and sex of those present. The husband eats alone or with the boys over four years of age, provided that there are no guests or visitors present, in which case, since children are not allowed to listen to adult conversation, they eat separately. The women are also not allowed to hear the confidences the men exchange over a meal. The result is that the boys eat on their own and the girls eat separately or with their mothers.

The mother serves all these groups and the food is served in communal dishes. During the meal, the youngest child (in each group of children) must hold steady, with his left hand or both hands, the dish in which the food is served, while his elder brothers eat. Some families say that the youngest child is permitted to eat at the same time as his elder brothers whilst steadying the dish with his left hand. According to other families, however, he is only allowed to eat after his elders have finished. Each of those present at the meal helps himself from the dish in front of him, eating in silence and without obstructing anyone else's hand. The oldest child present takes the first mouthful and the youngest the last. The latter may not relax his hold on the dish, eat or get up without the permission of one of his elders.

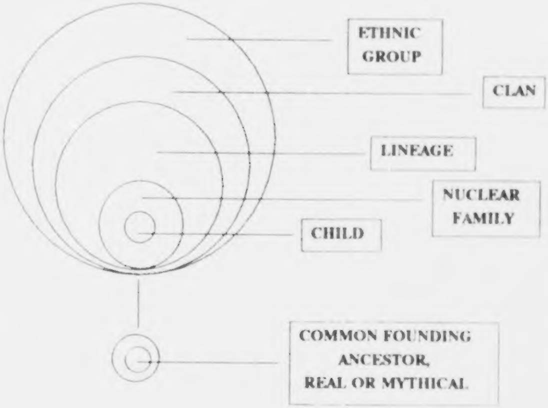
As well as fulfilling the normal functions of assuaging hunger and nourishing the body, food, and the manner in which it is consumed, can aid in developing in the young child the moral, psychological and social qualities listed earlier. Most of the families interviewed stated that taking food together, from a single dish, generally using only the hands, in separate groups defined by age and sex and in accordance with rules accepted by all, had the effect of creating, both within the family and the community, a sense of trust, solidarity, unity, cohesion, fraternity and esprit de corps. This fashion of eating together encourages the socialization of the children and teaches them to love one another. The youngest child learns to trust his elders, who themselves fulfil their duty of protecting the youngest one by not eating up all *the food whatever the size of the meal or however hungry they may be. To leave nothing for him would be to endanger his life. At the same time, the youngest child learns to control his hunger and, indirectly, three times a day on average, prepares himself for fasting - one of the most important duties of a good Muslim.*

e) The Exercise of Authority

Children become aware of the existence of power and authority through those public manifestations of it to which they have access and through what they hear from others. A public trial, for example, or a family council and the sanctions these may give rise to, a reconciliation between enemies, the problems that human justice may evoke in his mind, the explanations he may be given, and so on, all these educate him and bring him to recognize the hierarchy of authority and power that exists within the family and the community. The child thus acquires a sense of law and human justice and of their effects. Indeed, it is through learning about the kinship system of his own family that the child begins to learn to respect authority and the hierarchy. Knowing precisely who in the family is entitled to what, who gives orders to whom, who protects whom, is essential to the child who wants to get the best out of his relationships with the other members of his family by adjusting his behaviour to conform with the accepted norms and by correctly interpreting the behaviour of others.

The Educators

Who in the family educates the young child? This is a question that harks back to the nature and the organization of society and the concept of family in Africa. Since anthropological studies have made knowledge of African kinship systems more widely known, suffice it to say that African societies, in particular those with which we are concerned here, usually comprise a hierarchy of social units ranging upwards from the smallest unit, the "conjugal" or "father-mother-children" family, to the extended family, the lineage, the clan. Taking into account polygamy and the fact that, especially in rural areas, collaterals of *a conjugal (or nuclear) family usually live alongside it in a group of houses or a compound, the term "domestic family unit" seems the most appropriate to describe the African family.*


ETHNIC GROUP
CLAN
LINEAGE
NUCLEAR FAMILY
CHILD
COMMON FOUNDING ANCESTOR, REAL OR MYTHICAL

It is recognized that, in African towns, the trend is towards the nuclear family. However, where social relationships, based on ties of blood and/or of a common ancestral territory still bind together the members of a clan, a lineage or an extended family, the child's education remains the responsibility of a great number of people: (1) the members of his or her own "conjugal" family, (father, mother, elder siblings); (2) members of the extended or collateral family; (3) members of the lineage, in particular those of the father and mother; (4) the grandmothers; (5) neighbours; (6) the inhabitants *of the neighbourhood, most of whom know each other; (7) the child's peer group in the neighbourhood or village; (8) the Marabout; (9) the teacher in the modern school; (10) friends of the family; (11) those who are versed in supernatural lore; (12) any member of the community with whom the child may have regular or occasional contact; (13) paid household servants.*

This pattern is corroborated by the statements received which emphasize the varying degrees of educational influence of different categories of educators. From the moment of birth, the child is taken in hand by his or her mother and grandmother, or, if there is no grandmother, another older, experienced woman. Up to the age of four or five, according to some families (up to the age of nine according to others), the mother is responsible for the education of the children regardless of their sex. From the age of five to nine, a boy's education becomes the responsibility of his father. The mother and the grandmother take care of a girl's education right up until the time she is married, but it is the grandmother, rather than the mother or father, who has permanent responsibility for the socialization of the children and in particular of the girls. She supervises their behaviour, keeps them amused, tells them stories about the family, teaches them the family history, recounts tales and myths and instructs them about taboos and about good and evil. In the villages, the communal duty of educating the children authorises anyone who deems it necessary to punish erring children as their own parents who have done. Woe betide the child who, having been punished in this way, tells his parents what has happened - he will receive a second punishment, whether a reprimand or a slap. If a child sees an old man carrying a heavy load, for example, and does not promptly go and give him a helping hand, that child would be considered to deserve a punishment.

The interviews also revealed that, in the towns, domestic servants sometimes become makeshift educators, despite the fact that they are often too young and inexperienced. This limits the children's prospects of being sufficiently well prepared to go on to the next stage in their education.

Educational Methods

Given the informal nature of education within the family and the community, the statements received do not present any theoretical methods or standards apart from that of involving the child in practical or play activities with a built-in form of "apprenticeship" the mechanisms of which depend upon the nature of the activity being used as an educational tool and the objectives aimed at. Thus, farming can be used as a method of character training as well as of acquiring expertise in the tilling of the soil. Similarly, teaching a child how to fish can also be a method of inculcating the spirit of solidarity and the duty to help anyone in danger. Hence the extreme diversity of the methods employed, the difficulty of dissociating them from their context and the multiplicity of objectives that can be attained by means of each of the activities that are used for educational purposes.

Transmission of Social and Moral Values

According to a Sourgou family (Niamey region) and a Mauritanian family (Qn2/25/MAU), the child must be prepared to become a person capable of making decisions and assuming his or her responsibilities under all circumstances. To achieve this, parents must teach the child social and moral values by example, with the aim of developing in him a strong personality marked by courage and endurance. Thus, he is brought up in such a way that he will not succumb to the easy life. To inculcate in him the will to do his best in any undertaking, he is made to feel that he has not yet achieved what his elder siblings and his parents expect of him (Qn2/5/NIG). This enables the parents to test his patience and to give him their trust. For the same reason, when a child is thought to deserve a reward for good behaviour for some achievement, the granting of the reward is sometimes delayed in order to encourage in him a sense of modesty. Some families consider that to mould a child's personality fully, moral values, technical aptitude and visible physical aspects (tattooing, the way the "boubou" is worn, the hat and the material of which these are made) are, in themselves, not enough. They therefore have recourse to methods to which access can only be gained by means of ritual, special potions, talismans and traditional secrets.

Practices connected with the Islamic faith are learned in the family, in society and at the Koranic school. The school inculcates the principles of the faith and the family and society ensure that they are put into practice. From the age of three or four, the child begins to hear verses from the Koran being recited in the school by children in all the different classes. Then he goes on to reading and to writing on slates, with pen and ink, etc.

With regard to the transmission of traditional African values, the method usually adopted is that of exposing the child to a particular atmosphere where he observes, imitates and progressively participates in ceremonies and rites. According to one family, however, children do not take part in sacrifices (Qn2/55/NIG). To make significant progress in this domain, the child has two possibilities open to him: (a) to give proof that he has acquired the necessary moral qualities, or, (b) to be chosen at birth, or even before by God Himself (Qn2/33/NIG). In the latter case, the child, the future sacrificial priest, upholder of morals and repository of esoteric knowledge that will be of use in all walks of life, must have shown evident signs of his divine selection for these duties - dreams and predictions that are often fulfilled, supernatural gifts, etc.

The two methods (the Islamic and the traditional) are constantly reinforced by such cultural backing as tales, proverbs, myths, etc., through which the child discovers the universe of good and evil.

In the non-religious field, and especially in the urban and peri-urban zones, because mothers with young children tend more and more to work outside the home and since the traditional solidarity is disappearing as a result of the progressive break up of the extended family, the education of young children is increasingly being left to household servants who, more often than not, are incapable of assuming this responsibility. As a consequence, the child who does not attend any kind of pre-school establishment is left with virtually no education at all. The family chauffeur, cook or maid are not always able to give the child the necessary care and affection, let alone the education he or she should have. The maidservants often act as child-minders because they have had no other form of professional training. Furthermore, in the urban areas, it is becoming more and more difficult to educate children of pre-school age by the traditional methods of involving them in professional or even simply useful practical activities. The handing down of trade skills from father to son is becoming rare and craftsmen tend to see the modern schools as offering greater opportunities for a brighter professional future for their children.

Household work provides concrete examples of education through involvement in useful, practical activities. In this field, as in many others, young girls are trained by being made to undertake specific duties that are of evident usefulness. For example, to ensure that, by the age of eight or nine, a young girl knows how to prepare meals, she must be taught how to light a fire (not always a simple task), set a saucepan on the fire and stir the contents as they boil, using cooking oil and adding spices in the right order to obtain the required flavour. She must not spoil the millet dough (Towo) by not respecting the correct order of operation: fire → pot → boiling water → add some flour or liquid gruel → leave to simmer → add the full amount of flour → cook gently → the "Towo" is ready (Qn2/30/NIG).

In most cases there are no written reference books to read so there can be no separation between theory and practice. Furthermore, the fact that learning is by involvement in useful if not vital activities means that there is no room for failure. The young girl who is preparing a meal whilst simultaneously learning how to prepare it is keenly aware that hungry mouths are waiting to eat it and that she is not just practising in a domestic science school.

The education of the young child with a view to his or her emotional, sensory and cognitive development is based on the same principles as those adopted for the transmission of the skills mentioned above.

Since the child is always in quasi-permanent contact or relation with the members of his family, particularly with the mother, it is always possible to note and control his emotional, sensory and cognitive reactions. The educational interventions are not always *ad hoc; in playing with the child and observing him in different situations and in the course of suitable activities, the desired objectives can be achieved. Hence the importance of experience and of being available to offer love and attention. The information received from the two countries involved in the inquiry provides a number of examples.*

a) *Taste*

From the moment of a child's birth, on the occasion of his first breast-feed, some families go through a ritual which consists of giving the infant some mother's milk, then a few drops of an infusion of bitter leaves, then more mother's milk and, finally, some more of the bitter infusion. After that the child continues to be fed on mother's milk only. The declared aim of this practice is not only to teach the child to accept disagreeable nourishment, but also, and above all, to learn from his very first day, that life is a mixture of happiness and unhappiness (Qn2/28/NIG). Since breast milk may not be readily available immediately after the birth, the newly-born infant may be given goat's milk until there is a flow of mother's milk. In other families, the child's first feed may consist of a potion prepared by a Marabout (Qn2/48/NIG).

As the child grows up, his sense of taste is tested either in a chance manner or intentionally, by watching his reactions at mealtimes, when he is being given a medicine, or whenever a suitable occasion arises (Qn2/51/NIG).

b) *Eyes and Sight*

Parents seem to be particularly concerned about their children's eyes and sight. They are checked periodically in a very simple manner. The mother (or any other member of the family) moves a clearly visible object at varying distances from the child's eyes and watches to see if the child's eyes follow the movement of the object. The mother will take special care of the child's eyes, going so far as to use make-up on them after bath-time so as to make them look more beautiful (Qn2/51/NIG).

c) Hearing

From birth, the child is bathed in hot water two or three times a day, for forty days, by his grandmother or another equally experienced woman. On these occasions, the ears are carefully examined and cleaned. Particular attention is paid to baby girls' ears since these must be pierced so that earrings can be worn. Particular care is taken to ensure that the holes pierced do not become infected.

The proper functioning of the child's hearing is checked by the mother or other member of the family whenever this is deemed necessary. Noises of varying intensity are made to the child's left, right and rear and his reactions to them are observed.

d) Cognition

Most of the replies to questions relating to cognition are more sociological than psychological. They concern language and the relationships between the individual and the environment. Most families feel that use of the mother tongue is basic to all meaningful learning. Only one family considered that it was a hindrance to the child's future (Qn2/52/NIG, Zinder, Urban).

As soon as the child begins to speak, he is helped to progress by being spoken to, generally in the mother tongue, in normal grammatical speech without the use of "baby-talk" or modified pronunciation. With the help of adults, faults of pronunciation are gradually corrected. Intellectual development is also encouraged by means of carefully thought out question and answer sessions, explanations, gesture, speech, tales, stories, games, quarrels between children, etc., as well as by unexpected happenings. The child's cognitive education is oriented towards the mastery and exploitation of the environment closely linked to *the activities for which it provides opportunities. A Sonrai child, who lives in a rural area where cattle-raising predominates, will learn the significance of the different lowing sounds made by the cattle, what these mean and what action is required. The same applies to young Mauritanians (Qn2/23,24,25/MAU). The acquisition of knowledge and its practical application in every field of human endeavour, under the supervision of teachers, is the normal method of cognitive education. The efficacy of this method cannot be questioned since, in spite of everything, it enables entire populations to exist and live. The limitations of this method, however, are a function of the opportunities the children involved have of being exposed to new experiences which will allow them to use their cognitive potential to the full. Generally speaking, practical knowledge (such as technical and medical knowledge, for example) is often esoteric. It is therefore to those who have this knowledge that the children are sent to serve, to gain their trust and to acquire some of their secrets.*

e) Body Awareness

The young girl becomes aware of her sex by observation and also through the roles the family allocates to her in the home which lead her to identify herself with her mother. Similarly, the young boy identifies with his father with whom he lives in close contact, going everywhere with him and, at times, sleeping in the same room. He acts within a framework of what is permitted and what is forbidden, or praise and reproach, thus perceiving that he is different from the girls and identifying himself with his father.

There are also a number of methods by which the child is made aware of his laterality - by direct instruction, during games with his peer group and on many other occasions. For example, the child who cannot distinguish between his left and his right hand cannot eat from a common dish with others, since in that situation only the use of the right hand is allowed (Qn2/12, 29, 30, 41/NIG; Qn2/25/MAU).

CONCLUSIONS

1. It should first of all be recalled that this inquiry was undertaken on an experimental basis, with only modest resources and a very limited amount of time for field work.

   The data gathered do not provide complete in-depth responses to all the themes of the questionnaire. The more knowledgeable reader will have noticed certain anomalies in the replies to certain questions reported on earlier pages. It was, however, necessary to report the facts as the families interviewed saw and expressed them in word and deed. For this reason the report is limited to a simple thematic sampling of the replies received, supported by brief comments where this was considered necessary. It is to be hoped that this "opinion poll" can be used as a basis for more detailed and searching studies carried out over a longer period of time, with greater financial backing, by qualified specialists from the countries concerned.

2. The reactions of those who took part in this part of the inquiry confirm that it was soundly based. The families interviewed proved a mine of information and it is to be regretted that what they had to say is not more fully reported in the documents (especially those from Mauritania).

   Conscious of the decline in their social influence in face of Islamic and Western cultures, the guardians of the African traditions were very affected by the interest in them that the "moderns" - as represented by the investigators - had demonstrated by coming to ask them for information. Carried away by gratitude and enthusiasm, one of them even wanted to pay one investigator! When it is remembered how discreet the keepers of the traditions are about their lore and how parsimonious they have always been in handing it down to the younger generation, it is interesting to note that, today, they are very keen to pass it on (although they did not do so in the course of this inquiry) to whoever asks them for it and from wherever the enquirers come. This is an indication of a desire to gain a wider audience for the traditions and to ensure their survival in written or other more durable and reliable forms than human memory.

3. In both countries, education of the young child is seen as a sacred duty. but, to some extent, because of the more or less latent antagonisms aroused by the differing visions of the world held by various sections of the populations, this education is seeking a more coherent social basis. In view of this, the expressions of enthusiasm and gratitude for the interest in the traditions taken by the investigators are also evidence of the existence of a problem of cultural identity - a problem aroused not only by the different visions of the world but also by contradictions that exist within each of those visions. This is a situation which, in certain cases, may complicate the choice of educational reference values and make more difficult the conception and implementation of projects for the improvement of the young child's education within the family.

It would seem that the families most attached to the African traditions are the ones that find it most difficult to being up their children in accordance with the values of their own cultures. This is evidenced by the frequent expressions of nostalgia for the past to be found in their statements to the interviewers.

4. The rapid increase in the number of recognized pre-school establishments in the Sahelian countries over the past decade,(1) as noted in Part I of the inquiry, is certainly, among other things, a response to parental fear, especially in the urban areas, of an almost total absence of educational facilities. In these areas, whilst traditional forms of education are declining, formal education is still not available to all young children.

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(1) See Tay, A.K.B., "Education de la petite enfance en Afrique. Une enquête menée au Burkina Faso, en Mauritania, au Niger et au Sénégal, in **Notes, Comments...No. 189**, Unesco/UNICEF/WFP Co-operative Programme, Unesco, Paris, January 1990.

5. *It emerges from the replies to the questionnaire that education in the family is essentially aimed at preparing the young child for the religious and spiritual life as well as to respect the traditions, with a view to his successful integration into society. This is achieved by the use of educational methods that at times can be very strict, especially as far as girls are concerned, and which link learning closely to all the activities of daily life that are within the young child's capabilities. This strictness, which would be quite unacceptable in other cultures, appeared absolutely normal to nearly all those asked. Only one urban family deplored it. This severity may well be justified, however, in view of the exceptionally difficult conditions the children will have to face in the desert and in the Sahel where survival involves a daily struggle against the harse constraints of nature.*

6. *Despite everything, this type of education is truly functional. It is a form of total education that is suitable for all because it adapts to the needs of each child. It is pedagogically broadly based, with each educational activity having several objectives and each objective being meaningful only in relation to other objectives. In both meaning and practice, the spiritual, the mythical and the social are almost always interdependent.*

7. *In both countries, education within the family seems to be firmly oriented towards the mastery and exploitation of the environment, whatever may be the real degree of understanding of the material wealth or poverty of the peoples and whatever the efficacity, strength or weakness or the technical resources at their disposal. It is aimed at preparing the individual, both physically and psychologically, to face adversity, whatever form this may take, by the development of a strong personality. Despite the fact that its sociological bases are threatened and shaken by religious tensions, especially in Niger, like the religions themselves and the differing cultures represented in the area, this form of education demonstrates a remarkable capacity for adaptation*

and synthesis and for making these tensions a source of strength.

8. *With regard to its content, it might be asked whether, at the pre-school level, it should not be aiming at other objectives than the overall development of the child and his or her integration into society. Might it not usefully include more strictly educational objectives (apart from health, hygiene and nutrition)? It is for the parents, the educationists and the psychologists of the countries concerned to answer these questions. Today, people are far from reaching unanimous agreement on these matters in the developing countries. Painstaking observation and deep reflection will be needed before serious answers can be given to these questions.*

9. *What is certain, and what adds to the complexity of these questions, is that in-family education in Africa, as indeed elsewhere, does not exist in isolation and it would gain much by a re-examination of some aspects of its practices. For example, the psychological and physical preparation of a seven-year-old child for agriculture is not longer enough to ensure that he will become a prosperous farmer or agronomist. The same goes for other types of education.*

In the past, when wise men were the only source of practical knowledge, knowledge itself was a source of power; and this power was acknowledged by silence and submission on the part of the person who wanted to obtain knowledge. It might be asked whether silence, the distancing of children from any adult group, their submission to any older person and the lack of all questioning corresponds, today, to social realities and needs. The same question is valid with regard to the sex-based division of social and economic roles. Everything points to the conclusion that such things are not be be encouraged since they may work against openness of mind in the child and restrict his opportunities to acquire the experience he will later need to face up to the damands of social change.

10. *Whether or not the content of education within the*

family is adequate or inadequate, perfect or imperfect, the efficiency with which it is transmitted to the children naturally varies according to the social, economic, cultural, religious and ideological circumstances of the parents and the teaching ability, whether innate or acquired of those around them. These, however, are matters that defy systematic evaluation. Moreover, the link between a family's economic situation and the quality of in-family education takes on special importance in the two countries involved in the inquiry where the economic crises that have hit Africa for the last few years have had a particularly severe impact on the living conditions of the principal educator - the mother. The abrupt social changes brought about by the migration of normally sedentary peoples, the sedentarization of nomads and the rapid urbanization of peoples reduced to poverty by prolonged drought, phenomena that are difficult for the public authorities to handle, cannot but have a negative effect on the quality of education in the family. For many families, the survival of their children takes priority over education. In conditions of abject poverty, survival of the children may become secondary to the survival of the adults. In which case the worthy intentions behind certain practices concerning meals (see section d) page 23 may become illusory and spell disaster for the young child.

11. *Finally, for the reasons evoked under point 1. of this Conclusion, it is still not possible to give a valid reply to the major questions that lie at the root of this inquiry. Nevertheless, the fact that this type of education within the family is perceived, in the two countries involved, as a sacred duty, the importance of its values and standards; its religious and social objectives, as well as its purpose of encouraging the overall development of the child, the intention that lies behind these objectives and the capacity of this type of education to adapt to varied and varying conditions encourages us to think that, overall, it deserves our trust and holds great promise for the future.*

The two preceding texts confirm the educational potential of African cultures. They also reveal their limitations, as M. Kinunda(1) has pointed out, with regard to the '**Child-to-Child**' approach:

> *"The supervision of young children by older children has for centuries been a necessary and accepted practice in many African communities. This practice, among others, provides a solution to the problem of looking after young children and acts as a form of social training for the future role of parenthood. These traditional ways are, however, being affected by a number of factors, including rapid urbanization, changing family structures, and the development of primary schooling."*

If to the factors mentioned above as affecting the traditional African ways are added, the rapid social change, coupled with the progressive impoverishment of most populations, it will no longer be enough to recognize the virtues of African educational traditions for a concept alone with a universal vocation such as the Child-to-Child method. Should interest become focussed on the development of the new concept without similar interest being maintained in the matrix which gave it birth, then the two would, in the end become totally separated.

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(1) M. Kinunda. Child-to-Child: Problems, Perspectives, Challenges (Meeting of Lomé, June 1989, unpublished).

II

THE CHILD-TO-CHILD APPROACH IN PUBLIC HEALTH EDUCATION

1. Introduction

As background to the launching and rise of the Child-to-Child "movement", it should be recalled that, despite several decades of international activities, national efforts, various forms of bilateral co-operation and the activities of all types of organizations, many developing countries are still faced with a whole range of problems, the most serious of which is undoubtedly that of illness and disease.

The gravity of this problem has received worldwide recognition and, in 1978, at the World Health Conference at Alma Ata, the international community, adopting the slogan "Health for All", pledged to ensure for each individual a state of health that would enable him or her to be self-supporting and to be economically and socially productive members of his or her community. At the time it was thought that this objective could be achieved by the year 2000. The problem of ill health, however, is not an isolated problem. A degraded environment, poverty, shortage of food with its corollaries of under-nourishment and malnutrition, low life expectancy, poor quality education, and so on, form a sorry alliance militating against a decent standard of life in many developing countries.

During the 1970s, however, imaginative schemes aimed at breaking this alliance proliferated amongst all those concerned. New and varied approaches to the problems of health emerged. Interest in preventive medicine grew apace and gradually led to a new approach involving the integration of means, methods, objectives and disciplines.

Thus, in 1978, Professor David Morley of the Institute of Child Health, London, brought together in London a group of experts, including experts from the Third World, to formulate the "Child-to-Child" approach (which in French was to become L'Enfant pour l'Enfant') in which health and education were integrated.

The London meeting also aimed to prepare this new approach for its launch during 1979, the International Year of the Child. A number of participants at the meeting were given the task of propagating the Child-to-Child concept and following its evolution in their own countries. The first pedagogical materials were also elaborated at this same meeting. These were the Activity Sheets which enabled the new approach to be introduced in the English-speaking countries of Africa in 1979. It was not until 1984 that the new approach was introduced into the French-speaking countries of Africa by the International Catholic Child Bureau (ICCB), Paris, in collaboration with Professor Morley and under the aegis of the Institut Santé et Développement (ISD) of the University of Paris VI. Since 1986, the Centre d'études et de recherche en éducation et santé (CERES) has been participating in this activity.

2. Initial Idea and Principles

The initial idea arose from the observation that, in most countries, and particularly in developing countries where families are large and mothers are over-worked, the older children look after the little ones. The Child-to-Child approach built on the basis of what the children were already doing - helping each other and their juniors. Its contribution was to provide them with training that would make what they were already doing more effective, easier and more interesting.

Furthermore, in the developing countries it was the children who paid the highest price in terms of illness. The main causes of death include malaria, diarrhoea, respiratory infections and infectious diseases, all these having to be seen against a backdrop of unhygienic conditions and malnutrition. All these causes are, to a greater or lesser extent, open to remedy by public health education. The children are receptive to new ideas and have abundant energy to pass them on and to apply them. Because of their number, their abundant energy and their perfect integration with their environment, children have an important role *to play in the fields of health and development.*(1)

According to Dr. Hawes, the 'Child-to-Child' approach is based on the four following principles :

(a) *The Notion of the Importance of Primary Health Care*

Develop within the community and in each of its members the ability to take responsibility for the improvement of their health.

(b) *Confidence in the Children*

Be convinced of the ability of the children, as members of their community, to propagate the message and actions of public health among their peers, their families and their communities and, at the same time, to be confident that the result will be both profitable and pleasurable.

(c) *The Importance of Action*

Be convinced that in public health education every lesson must be accompanied by practical health care action.

(d) *The Need for Inter-disciplinarity*

Be convinced of the need for common action by educators and health workers.

3. Expansion and Development

It must now be recognized that the Child-to-Child approach is one of the most important and lasting outcomes of the International Year of the Child. Today, in over sixty countries, its concepts, activites and methods are being used by a number of different organizations under very varied conditions.

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(1) International Catholic Child Bureau, Introduction de l'Enfant pour l'enfant dans les pays francophones d'Afrique de l'Ouest, Programme 1988-1990.

The Child-to-Child pedagogical approach is to be found in operation:

- *in schools which form part of the established school system and in the communities they serve;*
- *in pre-school programmes and at times in local primary schools;*
- *in ordinary schools and neighbouring primary schools;*
- *in independent groups and organizations such as scouts, guides and youth movements;*
- *among refugees and displaced or homeless children;*
- *in medical and paramedical training programmes;*
- *in some programmes operating in hospitals and health centres.*

Throughout the world, a veritable network of health workers and teachers is participating in the dissemination of Child-to-Child concepts and in the elaboration of pedagogical materials.

Today more and more new materials and activities are to be seen appearing at the local level in a variety of countries. Since 1984, London and Paris have been acting jointly as a central information bureau, disseminating ideas throughout the network.

The Child-to-Child approach is not an isolated phenomenon. It is becoming more and more an integral part of all forms of health education. Its methods and its message are stimulating and strengthening the links between theory and practice, between the school and the community, thanks to the child's participation in his or her own education, and between programmes of health education and education and the socialization of the child in general.

1985 to 1988

The Child-to-Child approach underwent immediate and rapid development following the International Year of the

Child.

Subsequent years have witnessed satisfactory, steady growth in activities. Whilst some programmes have grown larger, others have held their ground and yet others have disappeared. An evaluation carried out in 1982 showed that an estimated million and a half children had taken part in Child-to-Child activities.

Since 1986, however, those in Paris and London responsible for the programme have observed a considerable development in the interest shown in this new approach and an astonishing proliferation of its activities.

This is probably due to three factors :

(a) Since 1979, considerable pedagogical material and practical experience have been accumulated. These materials and this experience are having an ever greater impact on specific teaching and general interest programmes in schools. International organizations, in particular UNICEF, are promoting and encouraging the incorporation worldwide of Child-to-Child activities in a variety of development programmes.

(b) Teachers and health workers know that good education in public health is essential if effective standards of hygiene and a good general education are to be achieved. The child-to-Child message and its materials are often integrated into new health education programmes because their content is interesting, they are based on solid scientific facts and they are accessible to all.

(c) The search for an education system of quality at a time of economic constraint has forced many countries to revise the pedagogical methods practised in their established schools and in informal schooling. The ability of children to help in the instruction of little ones, of their peers and even of their elders, and to spread the message within the family and the community is steadily growing, since the Child-to-Child system provides examples of working methods.

The Child-to-Child bureaux in London and Paris are striving to help meet the challenge they themselves threw down in the following ways:

(1) By elaborating appropriate materials;

(2) By giving advice on the implementation and assessment of new approaches and identifying new ways of transmitting their message;

(3) By acting as a source of information for all those who are trying out this approach anywhere in the world.

4. The Pedagogical Materials

New pedagogical materials have followed the original Activity Sheets which were prepared in London in 1978. They include the Readers and various other pedagogical documents of which Dr. E. Dumurgier (ICCB, Paris) gave an account in a paper prepared for the Lomé meeting and which have since been developed in the course of workshops held in London or in the field, in India, Indonesia, Jamaica, Kenya and the Philippines.

These documents, written in English, were rapidly translated into some fifteen languages, including French.

Unfortunately, they were not very well known in French-speaking Africa, since at the time few people were using the Child-to-Child method there.

When the CTC (Child-to-Child) Bureau was set up in Paris, at the end of 1985 - beginning of 1986, its members had no experience of the practical modalities of applying the method in the field. From the start, however, it was clear that the documents translated from English were not suited to French-speaking Africa. It was therefore decided to produce documents that were more specifically oriented to this audience.

Like the English "Activity Sheets" on which they are based, the French "Feuilles d'Activité (F.A.)[1] are the fruit of the joint work of the Child-to-Child team in Paris and of teams in the field. The first four Feuilles d'Activité were worked on at Ouagadougou during a mini-workshop attended by health workers and educators. The next four were prepared in collaboration with the participants at the CTC seminar-workshop at Cotonou, in 1986. The F.A. "Les dents" (teeth) was written and tried out in schools by the Burkinabé CTC Association and a Non-Governmental Organization, Aide odontologique internationale.

Similarly, Readers and other documents were elaborated in collaboration with the people who would be using them.

Let us first of all examine in detail CTC's most original document, the Feuille d'activité, and its use both in scool and in an out-of-school setting, before going on to take a brief look at other CTC documents.

The Feuille d'Activité

The Feuille d'Activité is the basic Child-to-Child pedagogical document. The best way to understand the attraction of this approach and to learn to use it is to analyse one of these sheets.

As those whose task it is to train Child-to-Child educators know only too well, their first job is to teach them to make a Feuille d'Activité themselves (this also fulfils other objectives, such as showing them how to adapt documents to meet local needs).

We shall first describe a French Feuille d'activité (little different, in fact, in conception from an English Activity Sheet), and then we shall see how it can be used.

1. General Description of a CTC Feuille d'Activité (F.A.)

The target audience

F.A.s are intended for teachers, youth group leaders,

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(1) See Annex 3

rural community leaders, functional literacy teachers and all educators, in the widest sense, in charge of children. It should be noted, however, that health workers are not directly part of this target group. They may have to present F.A.s to youth leaders, teachers or others, but in no circumstances will they be called upon to use them with children within the framework of their professional activities.

The target audience is thus very heterogeneous, both as far as their training and their educational interests are concerned.

It is clearly impossible to produce documents that are valid both for the Sahelian zone and for the Equatorial zone, for urban areas and for the bush, or suited for teachers and for youth group leaders, etc. Each F.A. therefore has written on it the words: "This document must be adapted by each teacher to his particular needs, having regard to the children in his care and to local priorities."

Language considerations

The F.A.s are written in a French that has been deliberately kept simple, so as to be easily understood by most readers, but in the French of France, which is at times slightly different from the French used in the country concerned (see "L'inventaire des particularités lexicales du Français en Afrique noire" - a Glossary of the Lexicological Peculiarities of French in Black Africa - EDICEF/AUPELF, 1988).

This can be used by French expatriates (such as those working on co-operative projects, missionaries, etc.) who have a full mastery of the French language, or by the people of the country who, while they speak French, have another mother tongue. Furthermore, to get the message across to the children, the group leader will often speak in the local language. This is especially the case for youth group leaders, but also, to a lesser degree, for teachers. There is, therefore, a danger that part of the message may be lost or deformed in use.

Presentation

The F.A.s come in the form of a double sheet of good quality paper, but which is not designed to stand up to prolonged use in a school in the bush. Each F.A. is complete in itself and, for the moment, we do not provide cardboard folders in which to keep the F.A.s as is done with the English-language child-to-Child Activity Sheets.

The F.A.s are lavishly illustrated. This fulfils two requirements :

- to make them as attractive as possible;
- to make a concept readily understandable without overloading the text ("a good illustration is worth a page of text").

The Themes Tackled

Many themes are tackled and they go well beyond the field of public health. Six major themes can be identified:

- The growth and development of the child
- Nutrition
- Hygiene
- A safe and healthy environment
- Handicapped children
- The prevention and treatment of illnesses.

The Framework

The framework of a French Feuille d'Activité is always the same: Objectives, Basic Idea, Activities, Dissemination of the Message, Evaluation.

- Objectives

In the first F.A.s these were referred to as "activity goals". To simplify and facilitate the use of the sheets by non-teaching personnel unaccustomed to technical pedagogical jargon, we do not identify by name such objectives as knowledge, attitude, know-how, etc. even though distinctions such as these are to the forefront during the elaboration of the sheets.

There are usually three or four objectives per F.A.: a knowledge objective (for example, to know what dehydration is) and one or two know-how objectives (for example, to know how to prepare a saline solution and how to administer it to a child suffering from diarrhoea). The final objective is how to spread this message to one's immediate circle and to the community.

- The Basic Idea

This is aimed at the educator and contains the technical elements that must be known before undertaking a particular activity with young children. It may, for example, provide medical data (such as definitions of diarrhoea or dehydration, or an explanation of the formation of anti-bodies after a vaccination) or information of some other kind depending upon the theme of the F.A.

Information of this kind must match up to two criteria :

. The criterion of space: we have only two pages at our disposal - this is very little in view of the large amount of space reserved for illustrations;

. The criterion of simplicity: as we have seen, our target audience is heterogeneous and we must avoid putting off the less well educated people who are often the most effective (and also the only ones available) in the field. A kindergarten teacher or a rural school teacher does not need to know the semiology[1] of illnesses or how to treat them.

One of the key elements in the Child-to-Child method is the essential close collaboration between educators and health workers.

This, in fact, is where the health worker (in the broadest sense of the term - doctor, nurse, dentist, etc.) comes in. We are not referring here to the community health agent. The health worker provides additional information and checks to ensure that the message is properly understood and has not been distorted in any way.

What happens, however, if the local health agent has little knowledge or is ill-informed? This poses a difficult problem which cannot be resolved by making the F.A. more complicated. Apart from better training for teachers and health personnel, which lies outside our competence, a possible solution lies in the provision of complementary pedagogical documents, at least for the teachers, giving them precise information on the problems they will have to discuss with their pupils. All the same, they must not be swamped with a mass of technical information which should be reserved for professional health workers alone.

- Activities

  These pedagogical documents have been named "Activity Sheets" by the English and "Feuilles d'Activités" by the French precisely to stress the importance given to activities. Their importance is evident at a glance from the space allocated (at least half the sheet, sometimes more) to the "Activities" section.

  These activities, which, at first sight, may always

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(1) The study of the indications of illness

appear to be identical, in fact require a great deal of imagination and creativity on the part of those who elaborate the sheets. To find games that are both amusing and educative and that are based on traditional children's games is a very difficult undertaking.

When teaching educators how to create a Feuille d'Activité, it is crucial, therefore, to make them fully aware of the difficulty of finding games and activities. Otherwise there is a danger that they may under-estimate the real difficulties and, when they come to draw up an F.A., they may note down only the bare skeleton (inquiry, discussion, drawings, plays, etc.).

- Spreading the Message

Similarly, the section on "Spreading the Message" must offer new ideas: scripts for plays, or a song that has proved successful elsewhere. Of course, this does not mean that what has already been done must be reproduced exactly, but it will offer the educators in the field concrete ideas from which they can draw inspiration. Just to write down "plays, songs, marionettes..." is too vague and does not encourage those in the field, facing the real problems, to make use of these documents.

- Evaluation

This is an important section. The educator must be encouraged to evaluate the impact of his teaching and to assess the results obtained in terms of the objectives he has set himself (which may not necessarily be those written down on the Feuille d'Activité). Here we are concerned with a question of training assessment which will enable him to improve his teaching technique. The results hoped for will be an improvement in the health (in the widest sense) of the child himself, of his younger brothers and sisters and of the other children of the wider family circle. Thus it is not just a question simply of being satisfied with the acquisition of knowledge, which would, perhaps, be the teachers spontaneous reaction. The teacher must ensure that the know-how and behavioural objectives have also been attained.

2. Making use of an F.A.

In the school setting

Although there are no standard "Instructions for use" with the Feuille d'Activité, there are one or two points that should be stressed :

a) The use of F.A.s in class should be part of a co-ordinated, global health education project for the local population which includes in-school health education. The administrative and traditional authorities should be aware of and support these efforts. Furthermore, the adults should receive the same health information as the pupils so as to avoid the risk of conflict within the family.

b) The teachers should have the backing of pedagogical counsellors and the local or regional inspectors responsible for the setting up and evaluation of the project.

c) The collaboration of health officials should be obtained at local, regional and global levels.

d) The teachers should receive prior training in the method, since there is a danger that some of them will use the F.A.s to give a classic "Public Health" lesson. This training should take the form of an initiation into the techniques of positive teaching; this will be useful to them for purposes other than health education. It should provide the teachers with information on the techniques of evaluation. Finally, it should enable the teacher to become fully aware of the role he can play in promoting the health and development of the community.

e) *In the course of this training, documents that are more suited to use in schools can be elaborated. This is what was done in Mali, during the "Aid for Basic Education" project, and in Togo during a vaccination campaign.*

f) *If direct use is made of a Feuille d'Activité, it must be fully understood that it cannot be completed in a single session. An F.A. should occupy at least five or six sessions, if not more. These will involve :*

- *sessions on awareness of the problem, including discussions and the preparation of inquiries within the community;*
- *inquiries and discussion of the results;*
- *group activities in and out of school, in the family and in the village or district;*
- *dissemination of the message throughout the community;*
- *evaluation of these activities and proposals for further new action.*

According to experience that has been reported to us, it is not unusual for a teacher to keep to one theme for a whole school term. In Kapolowé, in Zaïre, pupils at one school "studied" diarrhoea for almost an entire school year.

g) *Finally, the use of an F.A. always calls for a great deal of personal effort on the part of the teacher in preparing and adapting it to meet the special needs of his pupils. Each F.A. normally contains activities at different levels and pupils of elementary level cannot be given the same things to do as those of higher level. Thus, the younger the pupils, the more selective the teacher must be in the activities proposed.*

Out of School

Out of school use of F.A.s is more flexible and leaders of youth groups, such as scouts, understand the Child-to-Child method well, since it is in many ways similar to their own practices. Nevertheless, for them too prior training is important in order for them to grasp the originality of the Child-to-Child approach. This involves not only positive teaching, but also the notions of solidarity, responsibility and action within the community.

3. Other Child-to-Child Documents

Reading Books

Unlike the Feuilles d'Activité, which are reserved for the use of teachers, these books are intended for the children. At present there are two French reading books: "La Diarrhée" (Diarrhoea) and "Les accidents" (Accidents). Two more books are due to come out in the next few months: "Les enfants handicapés" (Handicapped Children) and "Les vaccinations" (Vaccinations).

Like the English readers, they are categorized at two levels: elementary level (age eight plus) and medium level (age ten plus).

These books reflect the basic idea behind the Child-to-Child approach and show an older child helping a younger one (or underprivileged children as, for example, in the book on handicapped children). They also contain games and activites and they constitute a good introduction to the method in the school setting.

Other Pedagogical Materials

The evaluation of the Child-to-Child approach carried out in 1987 shows that about two-thirds of those *involved use locally produced materials: books, brochures in the local language, posters plays, songs, calendars, etc. In Burkina Faso, several projects are under way: educative games, preparation of a locally written and illustrated Reader, and so on.*

One of the essential roles of Child-to-Child/London and l'Enfant pour l'enfant/Paris is to ensure the dissemination of ideas and documents among the different teams working in the field.

4. *Who is currently using Child-to-Child or l'Enfant pour l'enfant materials and how are they using them?*

This, naturally, was one of the questions asked during the last evaluation of the Child-to-Child method in 1987.

One hundred and fourteen projects, in operation in thirty-nine different countries, were studied. Sixty-seven per cent of those questioned said that they were using one or several of the English Activity Sheets (the French Feuilles d'Activité were then too recent to be considered in the study). According to the Child-to-Child team, the most likely reason for this is that the Activity Sheets provide advice on how they should be used that is greatly appreciated by educators who themselves never had the opportunity of experimenting with an active method during their training.

We still have little information on what is happening in French-speaking countries. It appears that, at present, the F.A.s are being used in two different ways :

- *Some sheets, in particular the "Diarrhoea" sheet, are being used with very little modification. The most that is apparently being done is that some teams, such as that in Tokombéré, Cameroon, are dividing them up into several separate sheets so as to make them easier for the teachers to use.*
- *Other teams do not make direct use of the sheets, but use them as a model on which to base their own pedagogical documents (taking up, for example, the*

idea of an activity, a game or the theme of a play).

As far as books for reading are concerned, the 1987 Child-to-Child evaluation showed that, at that time, the Readers were little used, coming far behind the Activity Sheets and the Child-to-Child reference book. This is probably due to the fact that very few projects integrated health education with the teaching of other subjects such as languages. As this kind of integrated approach becomes more frequently adopted, the need for Readers is likely to increase.

Altogether, Child-to-child pedagogical material has been in use over a period of some ten years in more than sixty countries, usually in the form of Activity sheets adapted and translated by those using the method in the countries concerned.

The French Enfant pour l'enfant materials, whilst remaining faithful to the Child-to-Child spirit, do not consist simply of translations of the English materials. Some Feuilles d'Activité, such as the "Fight the Mosquito" sheet, does not exist in English. The "Vaccination" and "Handicapped Children" books are also original.

We must now continue to produce F.A.s on new themes, such as the prevention of AIDS or the dangers of tobacco, and elaborate new documents, educative games and school manuals such as "Health and Mathematics".

One of the most important tasks of the meeting of experts organized in Togo, by Unesco, UNICEF and ICCB, will be to examine the possibility of determining what new pedagogical documents should be elaborated in the future to make a contribution to the quality, relevance and universalization of primary teaching while at the same time achieving the objectives of health education.

5. Putting the Method into Practice (H. Hawes)

Having distributed the pedagogical materials throughout the world, it is up to the experts in London and Paris to help the receiving countries to use them effectively and to ensure the development of the Child-to-Child approach throughout the international network. The greater the variety of ways of using these materials, the more difficult this task becomes. Furthermore, the materials themselves and their side effects lead to more serious consequences than might have been supposed.

Since its creation, Child-to-Child has made every effort to achieve collaboration at the national level between health workers and teachers so as to establish a dialogue between them which would make it possible for them, acting together, to identify priorities, to elaborate materials and to organize their practical application. This work is still going on. Meanwhile, in London, greater priority is being given to seminars and workshops aimed at the study and definition of projects. It is in this way that the following projects in africa are being supervised:

(a) The creation of model educational activities with regard to the professional training of teachers;

(b) The introduction of the Child-to-Child approach into school health education programmes that have been adopted initiated and supervised by the schools themselves in collaboration with the national organizations;

(c) Promotion of the Child-to-Child approach in relation to the problem of the growth and physical and mental development of infants and children.

The Network

The final task has been the recuperation of Child-to-Child ideas and experience in some sixty countries in which major programmes are already under way. It is in this area, in which the greatest difficulties are being encountered, that international organizations such as Unesco, UNICEF and WHO can play a crucial role.

This meeting and the book "Child-to-Child, Another Path to Learning" are a contribution to the task of disseminating ideas and experience. Much remains to be done. Computers can help us to classify information, but, given the volume and diversity of the experience acquired concerning the Child-to-Child approach, there remains the important task of making a synthesis of the information received.

6. What is New about the Child-to-Child Approach?

The value of the Child-to-Child concept in health education is an accepted fact. It remains to be seen, however, what new contribution this approach can make to existing pedagogical methods. It is well known that education is full of old, re-discovered methods masquerading under new names. It would be a waste of time and effort to promote a new pedagogy which, in reality, is little different from older, well-tried ideas.

For at least three of its facets the Child-to-Child approach can be classed among the most recent pedagogical innovations.

- First Facet: A New Approach to Primary Health Care

The new approach is characterized by the fact that it addresses the essential, current needs of communities. It stresses the point that communities can and must themselves take the decision to improve their own health standards. It also stresses the importance of the part played by individual choices in the making of informed, rational decisions on health questions. In this respect this approach differs fundamentally from the old view of health teaching in schools which consisted simply of inculcating into children certain hygienic habits however desirable these might be.

The Child-to-Child approach extends this concept of personal action to include responsibility towards others within the limits of the constraints of the age of each child and his cultural background.

Thus, every priority and every choice made expands from concern for "me" to concern for "my little sister" and then for "everyone at home". It is important to note that the more active the role the children as a group play in the choice of health initiatives, the greater their ability to influence a wider section of the local community.

Second Facet : Active Learning

When educators talk about teaching based on activity and experience, they do not mean primarily physical activity in the classroom. It would be too easy and not very imaginative just to fill the classroom with educational pictures, to get the children sitting in small groups occupying themselves with undemanding tasks, copying out a text, completing sentences from an exercise or automatically going through the procedures of a simple scientific experiment. Active learning implies active reflection, taking the initiaive in discovering something, in trying to find solutions to problems, being creative, all this as a function of the child's lived experience.

This inevitably entails active work through the whole school programme; for the child's experience cannot easily be sub-divided into small packets labelled "languages", "mathematics" or "social studies".

The Child-to-Child approach links the process of enquiry and creativity not only to experience but also to development. In putting the emphasis not only on "what I know and what I can discover" but also on "what I can do", experience combined with action ends up by producing educational and highly productive results. And this can lead even further since it opens up a whole new dimension of joint decision-making.

Third Facet : Community Education

This can have two parts: (a) the establishment of links between the formal education system and the community, and (b) the evolution of the entire community towards a self-educating society in which formal and non-formal education can become mutually complementary. More and more today thought must be given to the steps to be taken to succeed in educating the whole community. Some governments are obliged by financial constraints to hand over to local communities the responsibility for financing their education, whilst pleading educational grounds for doing so.

What new contribution can the Child-to-Child approach bring to community education? It provides a reminder that the child is a citizen and a fully-fledged member of the community and not merely someone who is growing up.

It is essential, therefore, to recognize that the child is capable of having an influence on his social environment of today and tomorrow, while still respecting his right "to be a child". If the older children become aware of their ability to stimulate their younger brothers and sisters, the consequences for future generations will be profound. This awareness can also have a great influence on the content of what is taught as well as on ways of teaching and learning.

Are we Heading in the Right Direction?

Given that the Child-to-Child approach makes it possible to consolidate and combine the three aspects of education mentioned above and, at the same time, to bring something new and worthwhile to them, can we be sure that its present orientation is the right one?

There is no alternative. Without this approach there is a great danger that we will simply make do with a passive, theoretical, formal pedagogical system which was already considered unacceptable in 1972, the time of the Edgar Faure report on education, and which is even more dangerous for people of today and of tomorrow.

For anyone who sets any store by the rights of man and of the child, a passive system of education is inadmissible; for this concept of education, coupled with modern technology, creates conditions that favour the concentration of power in the hands of a few technocrats who judge the quality of life in terms of dollars and work out the statistical average between rich and poor whilst ignoring the gulf that separates them. It is our duty to help train children who will have the will and the power to question pedagogical systems of this kind.

The question of values holds pride of place in the Child-to-Child approach, since it consists of turning out children who :

- are aware of their own needs and the needs of their community and environment;

- are prepared to analyse the problems posed by the search for answers to these problems;

- are eager to be of service to their families and their communities;

- are ready to take the initiative and to collaborate with others who act as they do;

- are capable of assessing the results of the initiatives they take so as to be able to do better in the future.

Children such as these will be neither docile voters nor submissive, dull-minded citizens. If we want humanity to progress, it is children such as these that will have to be educated in the twenty-first century through the Child-to-Child approach.

Will the Road Ahead be Easy?

Even if it is agreed that the present orientation is right and that this is the only valid way forward, it would be illusory to think that the road ahead will be easy.

All aspects of the approach that we have just examined constitute a danger which threatens to undermine the power of the established order and of certain individuals or groups within the community. The Child-to-Child approach enriches the child, giving him the strength to improve his way of life.

What can we hope for? What profound changes could be achieved were these concepts to be accepted?

The statesman, the planner, the counsellor, the inspector, the teacher, the entire community could be asked (of course, everyone will bear his own interests in mind) to accept the following ideas :

1) Children must be able to take decisions

This is something children rarely have the opportunity to do in school. Educators maintain this situation by *means of exercises that they draw up to make their task easier. For example, all the pupils are made to do the same task; they are all made to answer the same questions regardless of the fact that, in real life, this is not how decisions are made.*

2) Children too can act as group leaders of health workers

As has been stated above, allowing children to play these roles is to give them a certain authority that they have hitherto been denied. But the consequences for the teachers will be even greater. If you want the children to be able to disseminate the message of health around them correctly, a number of psychological and cultural factors must be brought into play. But there is no general rule as to how to do this as each case is different. This means that the teacher must have the sensitivity to be able to know and understand each pupil and his family, a quality that many teachers lack. Often their training is limited to learning facts and methods while the natural environment in which they teach rarely figures in their training.

3) An education based on life and not only on the school

However acceptable rhetoric about the complementarity of formal and non-formal education and the repercussion of schooling on the community, the Child-to-Child approach poses a number of problems for planners, administrators and examiners. Many forms of teaching are based on the fulfilment of pre-established programmes that follow a given order and rhythm, whereas in the community, life is full of unexpected happenings. Needs are felt which require specific initiatives and it takes time to convince everyone of the need to act. A public health campaign cannot be carried out in haste. The children need time to observe the changes brought about and to assess them. Furthermore, the child and the public health agent must demonstrate their good faith. However, this natural process does not follow the order laid down in school textbooks.

4) A flexible local administration

Administrative decentralization often means that communities have to finance their own schools but without *being able to define the content of the education programmes. An education policy based on local autonomy and the right of decision on health matters and on school programmes will entail a revision of the decision-making process. For a number of reasons educators employed at the central administrative level will find this a difficult and painful process.*

7. The Road to Follow

The fact that the road is hard going is no reason to abandon it. On the contrary, the more aware one is of the obstacles, the easier they are to surmount. Every major pedagogical innovation entails three procedures.

The first consists of defining the objective and the methodology of the innovation; the second is to identify models of good practice; the third is to prepare, step by step, the theoretical and practical modifications that will have to be made. Let us look at these procedures one by one.

(1) Defining the Objective of the Method

Three questions have to be answered :

- What does health education mean to the health officer and the teacher in modern society in relation to the traditions of the locality in which they work? How can one learn a useful lesson from this and how can the message be got across? What repercussions will this lesson have on professional training and the planning of it?

  One would hope that from discussion of these questions a clearer, more complete picture would emerge of health education and of health in general.

- How, with the help of the Child-to-Child approach, can an effective programme of health education be put forward? What would its objective be? If it was decided to put such a programme forward, what consequences would result?

A discussion on this subject would no doubt bring up most of the points already enumerated.

- To what extent would one want to get the child himself to act as educator, seeker of information, transmitter of the message to the school and from the school to the community? In which spheres could the child be useful? What would the consequences be with regard to planning, training, methodology and pedagogical materials?

  The discussion would no doubt first take place at a seminar such as this, then at the national level (the Child-to-Child approach has long been the focus of similar debates). But it should not stop there. Decisions have to be taken at various administrative levels. It would be essential, for example, to examine all these questions at institutes for pedagogical research, or at the ordinary schools themselves. It is only through talking that "your ideas" become "our ideas".

(2) Models of Good Practice

It is essential, from the start, to identify examples of successful practices. These are sometimes educational initiatives such as Child-to-Child or other programmes based on active education as well as certain projects in which the child plays an active role both in and out of school.

It should also be noted that youth movements, such as scouting, can offer examples of activities with the qualities sought. In addition, within traditional education many examples can be found of children taking care of other children and who are capable of taking decisions. These examples should be observed and made use of.

After having determined where examples of good practices are to be found, new projects have to be created. As is known, this will involve setting up experiments, which must be successful, based on modest, easily managed projects. In this way one might hope to see a few schools or colleges finding ways of developing certain health education activities that are easy to run and which develop further after the first experimental stage.

To achieve this, two principles must be respected. The first is to be sufficient unto oneself, because one can never repeat an experiment which owes its success to outside help, however modest it may be.

The second is to ensure the participation of the community. Child-to-child experience shows that to succeed, anywhere in the world, school and community must participate in the programme of activities and be proud to do so. It is essential that the programme "belongs" to those who undertake to carry it out and that they should feel in a position to present it proudly to others.

(3) The First Steps Towards the Implementation of Child-to-Child

Despite the title and the purpose of this seminar, I am convinced that public health can serve as a springboard for other activities. This has several advantages. Health education is often a new school subject and therefore lends itself to more flexible methods. Furthermore, it is recognized by all as being a useful and important subject; the connexion between hygiene and the needs of the community is readily appreciated. Health education provides visible intermediary steps towards other fields of human experience. It is a logical step from public health to conservation of the environment, from nutrition to agriculture, from birth control to the practical applications of mathematics, from intellectual stimulation to the child who teaches his brother to read, and so on. There are plenty of examples.

There are also a number of health education initiatives that could easily be assimilated and which, at the same time, could have a considerable influence on pedagogical methods.

Let us take a few examples :

. In a Centre for the Planning of School Programmes

It would be useful to identify a few health topics that could be incorporated into all the subjects in the curriculum. The teachers specializing in each subject would agree on the procedure to be followed to carry out the project and would stress its importance.

A health programme could be drawn up which would not be limited by a rigid timetable and in which health would be conceived of as being part of the field of human experience with the aim of achieving several objectives, in particular of ensuring the child's commitment towards the family and society.

It would be possible to produce an information manual which could be consulted concerning the pedagogical orientation of an active method relating to health and the environment. The information provided would be based on actual successful experiments.

To meet the special needs of the community, the school could have the right to adapt or vary its health education programme.

At Examination Board Level

A test of competence in health matters could be devised to assess both the examinee's knowledge and aptitude and how these are applied in daily life. This test could be taken at the school under the supervision of the pupils themselves who would also monitor the results. It would be possible to present oneself for examination just as one would for a driving test.

Methods could also be devised for evaluating health education in the school itself and for measuring the effect this teaching was having on the family and the community.

At School Management Level

Schools should be given the freedom to adapt their programmes and their timetables so as to be able to incorporate the active learning of the Child-to-Child approach, not forgetting its application in relation to the family and the community.

The child and members of the community should be encouraged to participate in the health committee of the school.

Joint planning and action with professional health workers should be actively sought so as to take advantage of their experience of non-formal education for adults.

These are some examples of projects relating to health education. The principles described could easily be applied to other activities based on the Child-to-Child pedagogical approach.

However, the vital thing seems to be to find the key which would enable organizaions such as those responsible for defining education programmes and groups such as administrators and examination boards to open their doors to the children. Far too many of these doors remain closed. Some of them have even become very rusty. But once a few of them are opened, the others will not be able to remain eternally closed.

B

CHILD-TO-CHILD

IN OPERATION IN THE FIELD

I

EAST AND SOUTH AFRICA

KENYA, ZIMBABWE AND BOTSWANA

1. Introduction

The essentials of the Child-to-Child approach, its objectives, its advantages and also the risks it involves having been described by its protagonists, it is time to hear the opinions of some of those responsible for the application of the approach in the field. Michael Kinunda, Unesco Adviser on Education at the UNICEF Regional Bureau for South and East Africa (Nairobi) sums up his experience accumulated over several years in the region, with particular reference to the interaction between schools and the Child-to-Child approach :

Why Child-to-Child?

It exists. It is a reality since it is part of an age-old traditional practice. The Child-to-Child approach lays stress on the use of active methods of participation for learning and teaching and thus to encourage the creation of links between the family, the school and the community.

This approach proves the validity of two principles of lifelong education, that is, that the roles of teacher and pupil are interchangeable - after having acquired an adequate level of knowledge and technique, the children become teachers within the community (teaching peer groups, families, other children) and this education is not confined to the classroom - and that children can learn in a wide variety of situations.

The "seniors" get a certain number of educational advantages from this approach. These include an increase in functional know-how, in skills that are advantageous in life, in improved hygienic behaviour, knowledge of customs and beliefs and a certain competence through the application of knowledge and techniques to the problems of life. Other advantages include the acquisition of a scientific way of looking at things thanks to the use of several active methods such as observation, taking decisions, carrying out inquiries and making analyses as well as having experience of the integrated approach towards the resolution of problems. As effective communicators, the children acquire techniques in this field, not to mention other advantages such as self-confidence, self-respect and a sense of responsibility to the community. Moreover, it is very likely that the techniques and know-how acquired as well as the way of being they give rise to will have positive consequences on future generations when these children become adults, parents, decision-makers, leaders, and so on.

The families and the communities also benefit from the commitment of the "seniors" to direct actions or activities within the community.

The active participation method used in the Child-to-child approach encourages the teachers to avoid the traditional passive teaching-learning methods.

Activities based on the Child-to-Child approach reinforce the primary teaching programme while at the same time making formal education more practical and meaningful and better adapted to the real problems and needs of life. This helps to bring out the quality of primary education. In certain cases, for example, the programmes have led to a big improvement in the sanitary conditions and environment of the schools.

Children who are not in the school system could well be the primary target of the Child-to-Child approach. Furthermore, the children's contribution to the improvement in the well-being of their younger brothers and sisters and of the community can be achieved at a much lower cost.

What are the Implications for Schools of the Child-to-Child approach)

The Child-to-Child approach encourages the use of active, integrated methods in the search for solutions to problems. It therefore requires a new relationship between teacher and pupil. It is an approach which stresses practical action - learning by action.

Experience gained from the application of programmes based on the Child-to-Child approach and concentrating on health, show that the textbooks devised for the primary schools are simple, practical, written in easily understandable language, motivating and well illustrated. Since Child-to-Child activities are more effective when they concentrate on clear-cut problems connected with concerns that have been expressed by the community, this approach has been adapted to the objectives of education so as to include immediate needs, and not only the needs of the child after the school cycle. It encourages the inclusion of techniques, ideas and knowledge that the pupil can apply now, at the school, in the home or elsewhere.

This encourages the "evaluation of needs" for "new objectives" arising from the local knowledge acquired by the children. The approach also encourages reform of examination and evaluation methods which it moves away from the memory test type of examination towards the assessment of comprehension, interpretation of facts, synthesis and the application of what the children have learned to current everyday situations. Child-to-Child experiments with health education activities made possible the early introduction of many health concepts adapted to the needs of the community according to age, interests, experience and changing circumstances.

The Child-to-Child approach thus issues a number of challenges to the existing school programme, to the way schools are organized and to the examination system. This *could be seen as a threat to current programmes and structures and to the organization and methodology now in use in the schools. It could require a certain re-organization and the adoption of a more flexible school timetable which could be more accommodating when, for example, health campaigns and inquiries on the community have to be undertaken. Thus the whole system of "study disciplines - lessons - levels" is brought into question. The initial training and the in-service training of the teacher is becoming a key activity which requires alternative, low-cost approaches to re-orientation.*

The Child-to-Child approach can be applied in areas other than that of health education. It develops interaction and a dynamic school/community integration and encourages inter-sectoral and inter-ministerial collaboration at the school and community level.

Problems and Challenges

While a number of experiments have shown how schools could draw up effective programmes based on the Child-to-Child approach, there exists a whole series of problems, constraints and challenges which could limit this effectiveness. For example :

(1) Lack of continuity owing to : low morale and low level of qualifications of teachers; higher level of turnover of teachers; teachers over-worked; financial and material constraints; new programme separated from the existing school programme; drive declining after initial enthusiasm.

(2) Constraints on programmes, logistical problems, for example.

(3) Insufficient co-operation between the different sectors and ministries, especially at the highest level (since compartmentalism is increased by dominant administrative structures, working practices, budgets, etc).

(4) Cultural sensitivities linked to beliefs and customs, methods of communication both as regards content and "protocol" (i.e. when one allows a child to speak and to say and do things contrary to the wishes of his

parents). Some challenges which could, however, be taken with a certain creativity and audacity include:

- *Integrating the Child-to-Child approach into the existing school programme, the educational system and community programmes;*
- *Replacing small-scale projects by enlarged programmes that would cover the nation;*
- *Adopting a "triangular approach", that is to say, getting messages across through the children, backed up by direct communication with the parents (the community) with support of the media;*
- *Capture and retain the support of parents and the community;*
- *Produce books in sufficient number that are stimulating;*
- *ensure the re-orientation of a large number of teachers.*

What are the factors making for success?

In the preceding paragraphs certain factors that could improve the conception and implementation of effective programmes based on the Child-to-Child approach and others that could act as constraints on such programmes have been identified. Factors and conditions that would provide a favourable climate for them are summed up below:

- *the existence of favourable political influence and support;*
- *co-operation between the ministry of education and other appropriate institutions, organizations and ministries (a new experience);*
- *closer links between ordinary schools and those concerned with the training of teachers so as to improve approaches and attitudes (in fact the preparation of teachers in ordinary schools and the launching of programmes constitutes a KEY ACTIVITY);*

- *adequate financial and material support (reliance solely on donors for financing must be avoided. The aim should be self-dependence);*
- *institutional support (for local initiatives);*
- *the commitment, innovative thinking, creativity and enthusiasm of a co-ordinating team of local organizers, teachers, etc.);*
- *integration or links with existing programmes (school programmes, education systems, women's groups, etc.);*
- *effective supervision and evaluation of methods using both quantitative and qualitative techniques (priority activities).*

In conclusion it can be said that, given the widespread acceptance and rapid expansion of the many applications and interpretations of the child-to-Child method, there is no doubt that the possibilities of this approach in education are enormous. It has the great advantage of being able to bring out the full value and effectiveness of education by making it more practical, more relevant and more agreeable.

But how does the Child-to-Child approach appear in practical operation in the field? An attempt will be made to answer this question in the following reports on the experiences of different countries.

2. Kenya. Health Education in Schools - the ECHA Project

(Dr. M. Kinunda)

The realization that the primary school is the ideal place to train children to play an active part in the promotion of health could not have come at a better time. Several children of school age are enrolled in primary schools each year whilst an equivalent number leave the school system and return to their communities. Any meaningful health education programmes organized in schools should therefore have a big impact on the health of the community. Such programmes could train children to become wonderfully effective instruments of change, thus contributing to the

World Health Organization's objective of **HEALTH FOR ALL BY THE YEAR 2000**

Until recently, the only part played by children in health development was that of providing a source of patients needing care. It is sad that children have long been used in wars, in commercial advertising and social activities but not in the promotion of health.

One can only suppose that it is the same reason (that children only represent a source of patients) that has led to a lack of interest in health education programmes in schools throughout the world. In most countries, health education is still treated as a minor offshoot of the science programme. Kenya is no exception; health education there is not an examination subject. Needless to say the result is that health education does not receive the attention given to subjects that are sanctioned by examinations.

Development of the Concept

The pilot health education project at the school at Nakuru was devised and launched to train pupils to become virtual instruments of change in their communities. This was achieved by the Child-to-Child and Child-to-Parent approach. The basis of the programme is the acquisition of theoretical knowledge of health problems in school and the application of this knowledge outside the school setting.

The programme was launched to fill a gap that existed in health development. For a long time, health development, like any other aspect of development, was the preserve of adults. As a result its impact was limited, since only a small section of the adult population took an active part. The inclusion of children therefore increased the number of active participants and this produced a greater impact on the health of the community. This was also to diminish the numbers of those dependent upon the limited health care resources available.

The programme was devised by the "Health Behaviour and Education Department of AMREF". It was run by AMREF and the Kenyan Government's Ministries of Education and of Health. AMREF's role has always been to ensure the smooth running of the programme.

Strategies

Following consultations between AMREF and the government departments concerned, the programme was launched in thirty-five of the fifty-five primary schools in the two administrative areas of the District of Nakuru. The teachers have a particular responsibility for helping the pupils to identify the locally-available materials they might need for programme activities. The community in general as well as health officials in the field supply the technical support and materials that might not be easily available to pupils. If a building is to be constructed, for example, the parents will supply the materials the pupils cannot easily lay their hands on.

Seminar-workshops for teachers

To enable teachers effectively to fulfil their guiding role, when the need is felt, they receive brief training on the programme which takes the form of seminars and workshops. Training of this kind preceded the launching of the programme. A short seminar was organized so that the teachers could be made aware of the objectives of the programme and the role of those participating in putting it into practice. After the seminar, teachers were helped in the drawing up of their work plans for possible activities for the promotion of health which they could undertake in their schools. They undertook to apply these same plans, once they were back in their schools, in the order they considered appropriate to local needs.

The school health club

The implementation of the programme began with the setting up of health clubs in thirty-five schools. Pupils from the senior primary school classes (5 to 8) form the club membership, This is so primarily to create interest and to motivate the junior classes and also to facilitate Child-to-Child activities in the school where the older children have to look after the younger ones.

The health clubs were introduced to form the nucleus *of the school health programme with the task of encouraging the rest of the pupils to participate. The members of a club became, as it were, the guardians of school health. After becoming firmly implanted in the school system, the health clubs had to lead the school community out into the wider, local community to demonstrate the new techniques for the promotion of health that they had learned at school. The members of a club had, for example, to adopt strategies such as holding health concerts or giving demonstrations in villages and shopping centres as a means of sharing with communities the know-how and practices in matters of health that they had themselves just acquired. Once back in school, the clubs had to co-ordinate and facilitate the encouragement of health activities. For example, the members of a club have to help the teachers on duty to ensure that the latrines are cleaned and used with care by young pupils. Other activities of the health clubs include helping teachers check the individual hygiene of other pupils, cultivating the school's kitchen garden, detecting cases of illness among the pupils, dampening down classrooms to reduce dust and planting trees. Club members have written songs and poems with a health message and these are recited in school and at community centres.*

Research and Participation

The programme should also act as a participation research module and establish the best ways of involving the pupils in health development. This is a vital element of the programme, since health education in schools is a new phenomenon in Kenya and has no precedent to which reference can be made. A detailed memorandum on the Kanuru experiment should therefore be drawn up with a view to establishing a data base which could be used by all those planning to become engaged in the school health programme.

During an inquiry carried out in the field, the main sources of data were the pupils, the teachers and the community in general. The first two groups filled in their own questionnaires, whereas the illiterate or semi-literate parents had to be helped to fill in theirs. Officials of the ministries of health and education responsible for the field work acted as research assistants.

The follow-up to the inquiry has been conducted at two levels. The presidents and secretaries of the health clubs, all of whom are pupils, are responsible for making a record of the activities that have taken place in their schools. Their reports form the basis of discussions held during club meetings in the schools. At the end of the meetings programme activities are reviewed so that they can be brought up to date.

Follow-up at the second level consists of visits to the schools by officials working in the field, who give whatever advice is judged necessary. By means of these reports it is possible to follow the evolution of the programme and to judge which methodologies work and which do not. The field officers also give lectures on health in schools when invited to do so. They are however, free to make uninvited visits to schools and to speak on subjects they consider essential for the pupils.

From the beginning, the schools have applied the programme at varying levels of activity. This is because environmental conditions and needs vary from one school to another and each school adopts its own priorities and methods of carrying out the programme. Some schools, for example, began by constructing latrines whereas others first planted trees and flowers. Other schools started by carrying out medical checks of the pupils so as to identify sick children who would then be referred to medical centres for treatment. Files on the children were kept so as to be able to identify those needing special medical attention at the hospital of the region.

The Results

One important result of the programme has been a general improvement in the health of the pupils. According to teachers, the programme has brought two benefits for the school community. It has increased the teachers' and pupils' awareness of health problems, both in theory and in practice, and this has resulted in the amelioration of health through better personal hygiene and improvement of the school environment.

As a result, the number of pupils attending the health centre for treatment of stomach upsets, parasitic infections and other forms of sickness has diminished considerably. The two first mentioned forms of sickness represented the main health problems at the time the programme was launched. An average to twenty-five to thirty pupils went to the medical centre every day for treatment. This has now dropped to five to ten pupils per day. This figure is confirmed by the attendance records kept at medical centres and dispensaries.

When the programme was introduced, nobody had been seriously looking after the pupils' health. The parents had left all these problems to the teachers and vice versa, so the health of the pupils was virtually totally neglected.

Most schools lack such basics as latrines and rubbish bins. Because of the large number of users, the two or three latrines available have been badly used. Destruction of rubbish and human wastes used to be carried out in an arbitrary fashion. Through the programme, however, teachers and parents alike have become aware of these problems and are now working together with a new sense of team spirit and are considerably improving these basic structures. Thus many schools now provide an improved environment as compared with that existing at the start of the programme two years before.

The pupils are now accepted as teachers of health practices in the villages, where they can demonstrate the techniques of health promotion. Furthermore, following visits to villages and demonstrations by members of health clubs, the pupils have shown great enthusiasm for the programme whose ideas they have started to experiment with in their own homes. For example, the bigger boys form three- or four-member teams to dig latrines for houses that do not have them. Other pupils establish their own tree nurseries which provide shade and produce fruit-trees. Some of them are already making a little money for themselves by selling young plants to the people of the villages.

One vital characteristic of the programme is the influence the schools have on each other. Schools participating in the programme have influenced those that used not to take part. Whereas at the start thirty-five schools had been brought into the programme, the number has now risen to forty-two following the voluntary adhesion of seven other schools that have adopted the programme and are now applying it.

The programme is also increasingly being supported by the government. Recognizing the important role played by the programme in schools and in the community in general, the ministries of education and health have strengthened it and are now asking teachers to provide information on its progression in their schools. Health officers in the field are being asked to do the same.

We consider this to be a vital stage in the evolution of the programme and an important step towards the raising of health education to the status of an examination subject. This should rescue health education from the inferior status it now has.

Furthermore, the programme has been responsible for a number of activities undertaken by pupils both within the school and outside it. These include such activities as the construction of food-safes for the use of pupils who bring their lunch with them to school. The food-safes have been built by the pupils with locally-available materials. Other activities include the cleaning of school courtyards. Schools have also created plays, songs and poems with a health message which are presented at school open days and in the course of school visits to villages.

Lessons Learned from the Programme

A number of useful lessons have been learned from the programme. First of all, those involved in the health programme must avoid limiting themselves to communicating concepts to the children in the hope that the children will be able to transform these concepts into activities which they will carry out on their own. The children must be helped to understand these concepts and translate them into practical activities. The experience thus gained must be living experience which will continue outside school hours and the physical confines of the school.

The commitment of the community must be actively aroused and maintained from the very start of implementation of the process. Ideally the programme should be so organized that its implementation within the community in general and in the school proceeds at the same pace, so that it will be easier to maintain. In addition, the schools need *a great deal of moral and material support.*

The Future of the Programme

Generally speaking, the school health education programme has a brilliant future before it and its possibilities should be explored with confidence. Schools are permanent institutions and their involvement in the programme confers upon it a character of permanence. Furthermore, the programme represents an enormous investment for the future which will have a positive impact on the health of the community.

As a method of motivation and a means of keeping the health clubs active, there are plans for the launching of a health musical and drama festival. All the schools participating in the programme will take part in the competitions and the three winning schools will receive prizes.

In addition, to facilitate supervision and future assessment, district health education associations should be formed. Most of its members would be teachers and field health officers. The association would be responsible for the organization of regular discussions in the course of which teachers could share experiences and review the evolution of the programme in the schools.

In the case of the Nakuru programme, pupils who have just left the Child-to-Child school programme to go on to secondary school should continue to be involved in the primary school programme. They should return to the primary school as "consultants" and share with the pupils their past and present experience of health development activities. Moreover, we foresee that the programme will take root in the primary schools and will extend to the secondary schools and other higher training institutions, above all to teacher training colleges.

3. Zimbabwe. The "Health Across the Curriculum" Project

In his presentation at Lomé of the situation in Zimbabwe, Mr. Bernard S.M. Gatawa, Director of the School Education Programme Service, reported on a project recently elaborated by the ministries of health and education in collaboration with experts on the Child-to-Child approach (H. Hawes, London, and E. Dumurgier, Paris). The interest of this project lies in the interconnexion of a number of elements. It is firmly attached to national and local realities, serves the objectives of health education and school instruction and prepares the child for his own development and that of his family, his community and his country. The presentation also confirms that it is possible to carry through a positive revolution in primary education in Africa and, indeed, elsewhere.

Introduction

It was at the beginning of 1988 that Zimbabwe made its first official contact with the Child-to-Child programme. Prior to that, knowledge of the programme and the search for an approach for its promotion was limited to individual officials in the ministries of health and education. In the health field, two provinces had adopted this approach and had used it with interested groups of primary school children who were on holiday. The children were given health information which they later passed on to other children of their villages and of the wider community.

These were isolated unco-ordinated initiatives. No attempt had been made to establish the approach on a formal basis or to extend it to other provinces. Moreover, health officials had made no attempt to work with their colleagues in education to get the new approach integrated into school programmes.

However, at the beginning of 1988, official contact was made with the Child-to-Child programme of the London University Institute of Education.

These contacts led to a commitment by the ministries of education and of health to examine the possibility of adopting the Child-to-Child approach and of making use of it in schools and in health programmes.

The first practical indication of this commitment was an agreement to produce a book which would form a reference source for the introduction of this approach. The book, to be entitled Health Accross the Curriculum: Science is now in preparation. In May 1989, key personnel from the ministries attended a workshop to discuss this approach and at which its application was approved.

1. Health Across the Curriculum: Science

This book is the second in a series published by the Child-to-Child programme in collaboration with the participating countries. The first in the series was Health Across the Curriculum: Mathematics which was devised in Kenya.

Health Across the Curriculum: Science is seen as a reference source book rather than a textbook. It is activity-based and contains health information which can be taught within science programmes at primary level. The book is intended for teachers. It covers eleven themes considered to be of importance in health education programmes:

a) Be healthy

b) Be clean

c) Good eating habits

d) Illnesses

e) Water, sanitary arrangements and pollution

f) How to protect oneself against sickness

g) Safety first

h) Handicapped children

i) Making decisions about medicines

j) Population growth

k) Family life

Each of these eleven themes is covered by a chapter in the book. Each chapter consists of :

- An introduction

- *Health in science (this consists of an explanation of the contents and of the techniques and subject matter appropriate to the programme)*

- *Work units which define the main ideas and the activities to be undertaken*

At the end of each chapter there is an "Out of School" section which emphasizes the application of these ideas outside the classroom. In addition each chapter includes :

- *Notes and suggestions for the teacher on various points in the text; for example, "Tell a Story"*

- *New key words picked out in bold letters in the text*

- *An explanation of the teaching and meaning of these words in the introductory chapter*

- *The level is indicated by the use of the letters L, M and U, for lower, medium and upper primary;*

- *Similarly the importance of the activity for the child, the home, the school and the community is indicated by the letters CH (child), H (home), S (school) and C (community.*

The book has been prepared by two programme specialists at the Ministry of Education, but the Ministry of Health has been heavily involved and health ministry officials have been collaborating with the authors in the elaboration of materials and working as programme editors. After publication of the book, a series of workshops will be held at which it will be presented to teachers.

Although the book itself is ready, it is planned to prepare supplementary materials for the children and posters for the teachers during 1990.

2. *The Child-to-Child Approach*

A Child-to-Child workshop was held in Harare, from 15 to 19 May 1989, which was attended by twenty officials representing all sections of the Ministry of Education, the Ministry of Health and the University of Zimbabwe. Professor Hugh Hawes, Dr. E. Dumurgier and Professor bornabas Otaala acted as advisers.

The objectives of the workshop were as follows:

- *To review the Child-to-Child approach in health education and beyond and to examine its implications;*
- *To examine the possible application of the approach in different ways (a) from the oldest to the youngest children in school; (b) for peer-group teaching in school; (c) from children in school to pre-school children; (d) from children in school to the family and to other children in the community, including those not enrolled in school (d) the production of educational books by children in school;*
- *To create selected activities that could be undertaken and followed up in Zimbabwe.*

General Topics Raised at the Workshop

Participants at the Workshop identified a number of areas in which a beginning could be made in the implementation of the Child-to-Child programme. These were:

- *The Child-to-Child Approach*

  The Workshop agreed that the Child-to-Child approach should be considered a valid element in the elaboration of education programmes in Zimbabwe, especially in health education, but also in other subjects including languages, mathematics, science, the social sciences, agriculture and domestic economy. The potential contribution of older pupils towards the education of younger children, their peer groups, the family and the community needed to be taken into account during the preparation of textbooks and the training of personnel.

- *Pilot Projects*

  The potential of the approach needed to be further studied through pilot projects in the various areas of the school programmes. These projects would also help to determine the extent to which each school and each locality could, with support from the centre, run supervision programmes based on the Child-to-Child approach.

- *Child-to-Child Publications*

  Some publications had already been prepared and were being tried out. Other preliminary publications with which to start the pilot projects would be needed. In the medium term it would be useful to produce a simple, low-cost source reference book on the Child-to-Child approach as applied to health education in Zimbabwe. This book would contain original material, but could also draw on other Child-to-Child publications from London or elsewhere, where reproduction of these publications was permitted.

- *Co-operation between the Ministries of Health and Education at the Province and District Levels*

  Co-operation already exists in many areas and *opportunities for mutual consultation and action should be sought to ensure that Child-to-Child ideas and activities are fed into school health education seminars and into workshops for teachers.*

- *The Child-to-Child Approach and the National Youth Service*

  Consideration should be given to the possible contribution to be made by future members of the National Youth Service to health and education through the use of the Child-to-Child approach. They should (i) initiate and supervise Child-to-Child programmes in certain schools, (ii) help to organize groups of motivated children to take charge of health activities in the community.

- *Making use of Groups of Motivated Children*

  Some groups of pupils have already offered to help disseminate health information (in East Mashonaland, for example). Such initiatives should be encouraged; the groups should be provided with publications and their activities should be supervised.

- *Children of Grade 7*

  Considerable opportunities exist for grade 7 children, who remain at school after taking their examinations, to promote health and education through current projects and activities. These could include health promotion campaigns and the production of publications, not only in the field of health but also in the fields of language and mathematics for young children.

- *Education for Family Life*

  The introduction of education for family life is now being considered. It could be integrated into school programmes and also include the periodical dissemination of health information messages to children by children. It has been proposed that, in addition to sex education, now necessary for the children's survival, concepts of the development of the child should be introduced into the programmes. It is essential that the children become aware of the importance of watching over and *stimulating the development of their young brothers and sisters.*

3. *Pilot Projects*

Three pilot projects planned to begin in January 1990 emerged from the Workshop.

The final preparations for these pilot projects, to be completed between June and December 1989, involve the participation of teachers and those supervising the Child-to-Child programme and the completion of the developmental publications the teachers will use during implementation of the projects. These publications are envisaged as forming a basic, low-cost reference source on the Child-to-Child approach.

The three pilot projects consist of :

- ***Promotion of an acceptable level of personal hygiene***

  The project aims to help children achieve an acceptable level of personal hygiene and to pass on suitable information to target groups in school, at home and in the community.

  Personal hygiene will be taught through school programmes but not as a distinct subject.

  The pilot project will operate for a year in five primary schools (in urban, rural, mining and farming districts and in a mission school) in East Mashonaland, where the ministry of health is already employing volunteer pupils on holiday from primary schools to disseminate health information.

  Back-up publications will be provided for teachers and workshops will be organized for them in which education and health officials will also take part.

  The project activities include :

  - *In-school activities*
    - *demonstrations*
    - *observations*

  - *Health games*
  - *Reports*
  - *Games and mime*
  - *Poems*

- *Out of school*

  - *Recitation of poems with health messages*
  - *Telling stories*
  - *Helping brothers and sisters with personal hygiene matters*

- *At the community level (especially on working days)*

  - *Songs*
  - *Poems*
  - *Theatre*
  - *Tales*

Follow-up and evaluation of the project will be undertaken by school programme specialists, education officials, teachers, health officers and the older pupils.

- ***Encouragement of food production and of community life through social and environmental studies***

Each activity will be tried out for a year in two schools in West Mashonaland.

The overall objective will be to introduce and pursue Child-to-Child programmes in the primary schools in the two project study areas of society and the environment.

Specific objectives will be formulated at separate workshops for each group in the two schools.

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Some reference source books are already available from the ministry and from the Child-to-Child programme. Disposable materials will, of course, be made available to the schools and teachers during the trial.

The organizing committee for each pair of schools will supervise the sub-projects. The Committees should be made up of parents, members of the community and children.

Co-operation between several organisms at the local level will be essential. The collaboration of a local secondary school will be sought.

The ministry will draw up and take part in a follow-up plan, but most of the follow-up work will be undertaken at the local level. Although every effort will be made to keep costs as low as possible, some expenditure will be involved and some small-scale external financing will have to be envisaged.

- ***The promotion of technical publications on communication, language and elementary mathematics in primary schools using the Child-to-Child approach***

The project will last one year and will involve six schools, three in Harare and three at Bulawayo.

The objective of the project is to encourage the children to generate a continuous flow of Readers and mathematics books for use in primary schools.

The books will be used by the children themselves, in class and, where possible, will be exchanged between schools.

The books to be produced will consist of tales, poems and other writings for use in reading programmes in the three national languages - Shona, Ndebele and English. In the mathematics books, the children will find accounts, work sheets, mathematical games, scale equivalents, clocks, pendulums, etc.

The planning, supervision and follow-up will be managed along the same lines as for the project described above.

It will be necessary for the follow-up to the Child-

to-Child approach to be officially organized.

Any conflict with normal cultural standards that might arise from the propagation of "materials" must be avoided.

4. Botswana : The Little Teachers

Dr. Kinunda gave a presentation of a Child-to-Child Foundation that has been created in Botswana. Its main objective is the development of all young children and the preparation of children for entry into the school system. A certain number of pupils are selected. Teachers direct their activities in the home with their young brothers and sisters so as to prepare them for their eventual entry into school (games, dances, stories, and such simple actions as how to hold a pencil). At a later stage, these pre-school children come to the school to join in Child-to-Child activities. This project follows the same guiding principles as those in Kenya and Zimbabwe.

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WEST AFRICA : BURKINA FASO, MALI MAURITANIA AND NIGERIA

1. Introduction

As was mentioned earlier (page 42), the Child-to-Child approach was not introduced to French-speaking Africa until 1984. Before that date, however, within the context of the renewal of education undertaken in Africa during the 1970s, new pedagogical methods similar in principle to the Child-to-Child approach, such as "Study of the Environment" and "The Active Method", had been introduced in certain countries. Their general objectives were scholastic - the acquisition of knowledge, mainly by memorization, following an official timetable, with a view to taking a classic type examination at the end of the scholastic year and to the future use of some of the knowledge acquired. Then, as the situation of the African child deteriorated - especially with regard to health and education - these new methods were employed here and there as methods of health education. In this case, it was a question of a pedagogical method elaborated within the school but in itself insufficient, going to the aid of health; that is to say, it was the exact opposite of the approach recommended at Lomé, which aimed at introducing into schools an approach developed in the field of health. This is illustrated by a very interesting contribution by Dr. Mazer concerning Mauritania.

Unlike the situation in most countries where Child-to-Child activities are generally conducted under the aegis of the government in the form of the ministry of health or education, in Burkina Faso a non-governmental organization, the Burkinabé Child-to-Child Association (L'Association Burkinabé de l'EPE, or BA/CTC), created in 1988, was the organism responsible for experimenting with this new pedagogical approach. Despite the resource difficulties common to most such associations, BA/CTC showed itself to be exceptionally and encouragingly dynamic. Its activities soon revealed at least one of the advantages that organizations of this kind often have over government departments - an easier acceptance of interdisciplinarity and the ability to formulate integrated educational projects of interest to a government, several ministries, international organizations such as UNICEF, WHO and Unesco, as well as local and international non-governmental organizations.

During the period 1978 to 1982, the ministry of education in Mali introduced health education into one hundred and thirty schools, attended by twenty-six thousand pupils, using the Child-to-Child approach. The educational materials used and the way in which they were employed, which will be presented below, were elaborated with the help of UNICEF by a study group working in collaboration with teachers.

Finally, of the countries represented at the Lomé meeting, Nigeria, a country whose official language is English, was the first West African country to become involved with the Child-to-Child approach.

2. The Child-to-Child Approach in Nigeria

While supporting the concepts on which the Child-to-Child approach was founded, Professor Tunde Badjah (University of Ibadan, 1989)(1) highlights this approach in terms of the efforts made in Nigeria in the elaboration of primary teaching programmes. He also evokes or identifies the ways and means of standardizing the Child-to-Child approach in educational institutions in urban and rural areas.

In Nigeria, a number of relevant questions can be posed concerning the evolution and present state of the Child-to-Child method :

(i) To what extend has the Child-to-Child programme been generalized among the target groups?

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(1) Professor T. Badjah participated in the first meeting on the Child-to-Child approach, held in London in 1978

(ii) Has general awareness of the scope of the Child-to-Child approach been aroused?

(iii) What has been the impact of this approach on the provision of care to the young?

(iv) Has the Child-to-Child approach had an impact on the elaboration of pre-school and primary school education programmes?

(v) What are its prospects as a vehicle for the propagation of the slogan "Health for All by the Year 2000"?

These questions and many others on the Child-to-Child approach can give rise to a number of very interesting discussions.

The Involvement of Pupils in the Child-to-Child Approach

From the start, the Child-to-Child approach was conceived of to get children to participate in their own education.

On the whole, the approach has involved pupils in the development of community health. It has therefore served as a vehicle for school programme activities and associated programmes.

The philosophy behind the Child-to-Child approach has been very well analysed by professor T. Adeoye Lambo, the well-known psychiatrist and former Director of WHO, Dr. David Morley, of the Tropical Child Unit of the Institute of Child Health, London, and Mr. David Werner, author of the famous village health care manual "Where There is no Doctor". It was through these authors that I had my first contact with the Child-to-Child method. In the introduction to his book Mr. Werner explains his reasons for writing it in these words:

1. Health is not only everyone's right, but also everyone's responsibility;

2. Enabling everyone to look after his own health with the help of suitable information should be the objective of any health activity or programme;

3. Anyone (teacher) armed with simple, clear elements of knowledge can prevent or resolve most of the current health problems in his household (in his school) more quickly, more cheaply and often better than the doctors;

4. Medical knowledge should not be the private preserve of a handful of people, but should be freely shared by all;

5. One should put as much trust in those who have studied over a long period as in those who have had a short, formal education. They are both equally intelligent;

6. Basic health care should not only be given but should also be encouraged.

(Werner, 1977)

These ideas, at first glance provocative, should be seen as one aspect of the aim to achieve health for all by the year 2000. The involvement of pupils in the provision of health care is debatable, but if this involvement is defined in terms of awareness and the development of good health practices, it is defensible. Children constitute the largest section of the population in most developing countries and, in the situation that Werner describes (Where There is no Doctor), their participation in the provision of health care becomes inevitable.

The Impact of the Child-to-Child approach on the Elaboration of School Programmes in Nigeria

Since the Child-to-Child approach implies involving the children in the assessment of its impact, we must examine how "its basic ideas have influenced, and been used within, nursery and primary school programmes". In Nigeria over the past two years, important work has been done on the school programme and syllabus guidelines and common core programmes have been published :

a) Curriculum Guidelines for Nigerian Pre-primary Schools, under the aegis of the Nigerial Educational Research and Development Council (NERDC) - age 3 to 5 years.

b) *Core Curriculum for Primary Schools in Nigeria, Federal Ministry of Education - age 6 to 11.*

Critical study of these documents reveals that they contain clearly defined subject matter concerning health care under the general heading "Physical and Health Education". None of these documents refers to the Child-to-Child programme as an approach to the teaching and provision of health care to pupils. As reference I quote an extract from the "NERDC Guidelines" for pre-primary schools dealing with subject "Health Care" (In the chapter on "Theoretical Problems").

> *"It is important for each nursery school to have a well equipped pharmaceutical kit. Each nursery school should have a nurse on its staff. The ideal situation would be for State doctors and nurses to make regular visits to these schools to examine the pupils within the framework of the school health service.*
>
> *Each school should make every effort to consider health care as a priority. Medical records of the children should be maintained.*

Although these Guidelines bring out the three viewpoints of the provision of primary health care, that is to say those of (1) the teachers, (2) the children and (3) the parents, thus conforming in method to the Child-to-Child approach, nowhere is the child seen as the focal point of the process. Reference is always made to "the doctor" or "the nurse". Nowhere here is the role of the child in any system of health care provision, even in the rural areas, stressed.

Now that we are trying to evaluate the experience acquired through the Child-to-Child approach in health education and primary health care, it should be mentioned that the objectives have not been clearly identified, especially in the area of the school development programme. The reasons for this have not been empirically examined. Nevertheless, it is to be hoped that the very concept of the Child-to-Child approach will be studied, especially in those situations where governments have made great efforts to bring health care to the most remote villages. There can be no doubt that EDUCATION can play the principal role in the provision of health care, especially in Nigeria's many villages. Furthermore, making use of children as health care agents is in conformity with the ideas clearly defined in the Child-to-child approach.

Simple preventive and curative activities, games and "role games" can be taught to the children in school so that they can transmit these ideas to their families and disseminate them throughout their communities.

The creation of a National Commission for Primary Education involves the creation of village education committees as counterparts to the Commission in the school system. This Commission, one can envisage, offers a unique opportunity for putting Child-to-Child concepts into practice.

For these laudable ideas to spread amongst the children, an attempt should be made to involve primary school teachers in this approach after or during their training (by means of short training courses). The ideas emanating from the Child-to-Child approach must be disseminated as a whole in such a way that teachers and pupils will stop asking what the Child-to-Child approach is. A programme conceived for children should be presented to them during their formative years. Books and brochures on the Child-to-Child method should be widely distributed to the pupils in the rural areas as well as in the towns. The great problem facing Africa today is that of communication - communication of ideas and of materials. If the Child-to-Child concept is to be widely applied, an effective network for its dissemination must be created.

All those who wield real political influence or who are in a position to take decisions must be approached. Teacher training colleges must also be involved. To my knowledge, this is an area in which, through its Network for Educational Innovation and Development (NEIDA), the Unesco Regional Office in Dakar has played an important role. We are continuing to bring pressure to bear on all institutions, both governmental or non-governmental, to commit themselves to the propagation of good ideas such as those of the Child-to-Child approach. This approach must remain interdisciplinary and, at its highest level, inter-ministerial. The ministry of health should continue to be the driving force that carries along with it all the other ministries concerned. In the next ten years of application of the Child-to-Child approach in Nigeria, a widely known interdisciplinary and inter-ministerial committee should be solidly established. A definitive programme of activities should be drawn up, exhaustively discussed and implemented, with provision being made for evaluation. The activites of a solidly implanted Child-to-Child programme in Nigeria should be strictly controlled (that is to say, evaluated) by an expert group. At the moment, Africa has a good range of programme assessors. The Child-to-Child programme should make a formal request for the services of these professionals.

Possible Areas of Conflict

Regarding all aspects of the Child-to-Child approach, we should take care to ensure that the ideas it propagates do not conflict with local, social and cultural norms. Villagers are very sensitive about ideas which might have "undesirable effects" which they had not foreseen. For example, methods which involve "role playing" or other games strongly recommended in the Child-to-Child programme - especially in the story books which use the methods of the school programme. Here is an example of a game suggested to the children during a health care course :

To find out if the children can SEE and HEAR well

> Children of all ages form a circle. One of them stands, blindfolded, in the middle of the circle. Some small pebbles and other objects are placed around his feet. Some of the children approach stealthily and try to steal these objects. If the thief makes a noice and the child in the centre of the circle hears him "he" is out of the game. The winner is the one who steals the most without being heard.
>
> (Morley et al., 1984, Activity III, page 15)

Even though this game may be an effective check on the children's hearing, the secondary effects of the words I have underlined can give rise to all kinds of discussion. Such discussion could be so serious that the good effects *of the programme might be nullified.*

The lesson to be drawn from this illustration is that in making use of ideas and games that appear relevant, care must be taken not to infringe upon cultural norms.

In the light of what has been said above, here are a few proposals :

(1) *The underlying philosophy of the Child-to-Child approach must be properly "articulated" and should permeate school programme activities.*

(2) *The interdisciplinary character of the Child-to-Child approach should be re-stated - inter-ministerial committees should be created where these do not already exist.*

(3) *The dissemination of the ideas and publications of the Child-to-Child programme should be continued.*

3. The Burkinabé Child-to-Child Association (BA/CTC)

1. The Burkinabé Child-to-Child Association sees its activities as supporting government action aimed at achieving the harmonious development and well-being of the child. Its general objectives are those of the Child-to-Child approach as described in chapter II above, that is to say, education for health.

According to Mr. Jean Barry,(1) the Burkinabé Child-to-Child Association (BA/CTC) has, from its inception, had the approval of officials of the health and education departments, of a number of Non-Governmental Organizations, UNICEF and other institutions.

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(1) Jean Barry, Inspector of Primary School Teaching in Burkina Faso

The relevance of its philosophy and the clarity of its methodology combined with the diversity of its members and the complementarity of their areas of expertise has made of BA/CTC a partner much in demand, especially with regard to the training of teachers in health education matters.

It must be said that circumstances in Burkina Faso were favourable to the inclusion of the Child-to-Child programme in the development plan in progress.

A developing country with modest resources, Burkina Faso was facing a difficult situation as regards the promotion of health education within the framework of an ill-functioning health care system. The country's poorly-performing education system reached only twenty-eight per cent of the school-age population and dispensed an essentially formal type of teaching.

In this context, it was inevitable that any Association such as BA/CTC, whose objective was to enable children to blossom through an adequate, appropriate education, would be called upon to make its contribution. Thus, over a period of one year, the Association participated in the training of four hundred and twenty primary school teachers, 100 pre-school monitors and 46 youth movement leaders. It also devised educative games, drew up activity sheets concerning latrines and oral and dental care and produced a Reader on handicapped children.

At present, our experience is clearly insufficient to enable us to make a meaningful evaluation of these activities. We can, however, draw a number of conclusions, particularly with regard to the possibilities of a pedagogical renewal in the pre-school and primary fields.

2. *BA/CTC support in the pre-school field*

Until 1983, when the government demonstrated a certain interest by opening crêches under the supervision of the Department for Social Action, pre-school education in Burkina Faso was still at the embryonic stage, being limited to a handful of infant sections attached to primary schools.

The staff responsible for the crêches and the infant sections receive an initial professional training *at elementary level which should be backed-up by periodical refresher courses.*

During these courses, BA/CTC instructors train the crêche staff in the Child-to-Child approach. They give them instruction on the psychology of the infant and in the use of the active method.

Through practical work in groups, the crêche staff learn to :

- *analyse an activity sheet,*
- *draw up other activity sheets based on themes of interest to crêches,*
- *make up educative games,*
- *make simple toys and educational materials.*

The staff put the jointly prepared activities into practice with their class. They devise methods of evaluation, note the results, make an appreciation of them and decide on future actions.

Although these courses are mainly concentrated on health themes, the discussions ultimately touch on the problems of education and bring out the preponderant role of initiative and personal responsibility in the act of teaching. Altogether, these courses provide the ideal opportunity for reflection and for increasing awareness.

3. *BA/CTC support in the primary sector*

Primary or basic schooling covers children aged from 6 to 14. It is provided by teachers usually recruited by competitive examination from holders of the BEPC (a teaching diploma) professionally trained for a year at a teacher training college. Despite the large numbers of children per class and the efforts made by the government since the 1983 revolution to democratize education, the proportion of children enrolled in schools remains low. The education system lacks libraries and teaching equipment. This situation put an extra burden in the preparation of lessons on the teacher, who, in rural areas, remains the sole source of information for the pupils.

The influence of the educational philosophy enunciated in the 1967-1970 Plan is still felt :

> Under present circumstances, owing to the strictly limited human and financial resources the nation is able to devote to teaching, education remains a costly item which is not available to all as they would desire."
>
> Population growth combined with an increasing thirst for education means that ever larger numbers are clamouring at the doors of the schools. Since it is impossible to accept everyone, things must be so organized that the best elements are selected and the highest possible number of them are accepted.

In fact, this philosophy of education entailed maintaining the "encyclopaedic" system of teaching, whose verbal and dogmatic style made it easier for the teachers to solve their most pressing problem - that of getting through the programme on time.

In this context, the proposals put to the teachers by the BA/CTC for a pedagogy based on child activity having direct repercussions on the realities of his life and on his real needs, rather than on a formal educational framework, were generally well received. It should be pointed out that the teachers who were made aware of and initiated in the Child-to-Child method wanted to take advantage of back-up courses, since they were convinced that there was a need for a renewal that would place the child at the heart of the educational process. During the courses organized for teachers on the themes of health and environmental education, BA/CTC brought into action multidisciplinary teams made up of experts on health, education and social action.

These teams introduce those attending the courses to the Child-to-Child philosophy and programme, stressing the need for and the advantage of Health/Education co-operation and the common roles of teacher/pupil, of child/child, child/family, child/community. They put the accent on an active pedagogy, based on the realities of the children's lives, which alone can arouse their curiosity and interest *and lead them to ask themselves questions, seek explanations and propose solutions.*

After discussion, involving all the course participants, of the selected theme, the child's living environment and the role of the teacher in achieving the objectives of the course, the participants split up into small groups for practical work in the course of which the Child-to-Child pedagogical method is examined.

One of the methods adopted involves the analysis of activity sheets so as to understand the concepts that underly them. The different sections of the sheets are emphasized and explained and compared with those normally to be found in written class preparatione. For example, they note that an activity sheet has the following headings :

a) The **aim of the activities**

The objectives to be attained by the children at the end of a series of activities is explained in concise operational terms expressed in action words.

b) The basic concept

The reason for the choice of the theme is given and essential information relating to it is listed. This is a reminder of the object of the study.

c) The activities

Under this heading come the cognitive and affective activities that the children are to embark on so as to achieve the initial objectives. For example, activities such as carrying out inquiries, research, observation, experimentation, expression, creation, etc.

d) Evaluation

On completion of the activities it is essential to be fully aware of the results obtained. Under this heading, therefore, are included the steps that must be taken to obtain an indication of the extent to which the pre-determined objectives have really been achieved. The result will be noted, analysed and assessed so that appropriate decisions can be taken.

Sub-headings are also subject to systematic analysis.

Analysis of the activity sheets is followed by critical reflection filled out with suggestions for modifications. Then each group draws up a new activity sheet on a theme concerning the lives of the children that will eventually be used with pupils.

Sessions on the application of the method are also the subject of critical analysis and amendments that will be taken into account during the elaboration of the final synthesis by all the participants. The activity sheets thus drawn up by the participants will later be used by them in their school classes and the results obtained will be reported back to BA/CTC

4. *The Child-to-Child method and the pedagogical renewal*

According to the first results received, it can be stated that, although the Child-to-Child method may not have brought about a remarkable change in the way classes function, it has contributed to :

- *the opening of a wider debate on pedagogical practices;*
- *enabling teachers better to understand the advantages of pupils participating in their own education;*
- *making teachers more aware of their responsibility with regard to improving the quality of their educational activities both in and out of school. It has brought to light the potential it offers for a pedagogical renewal.*

5. *The areas of renovation*

Preparation of lessons. The Child-to-Child method encourages teachers to make a logical plan of action, starting with the definition of objectives and going on to planning suitable methods of working. Preparation is no longer a mechanical formality; it is becoming a matter of personal reflection. Evaluation is no longer limited to assessing the results of scholastic exercises. It involves both what the pupils have learned and their behaviour and requires intelligent application. It is no longer the end of task, but the point of departure of a new project.

Attitude. The Child-to-Child method helps teachers to develop their ability to communicate more effectively with their pupils and with others and to acquire leadership qualities.

Classroom technique. The teachers learn to work in groups and at a rhythm that takes into account the capacities of the children and their involvement in the achievement of a project that has been decided upon jointly. Their teaching becomes more lively and more active, less formal and less passive, less collective and more individual.

Subject matter taught. The Child-to-Child method as applied to the themes of health and environmental education can be put into practice in the context of environmental studies and controlled and open air activities. It is suited to arousal disciplines such as exercises in observation of man and his surroundings. Finally, in more general terms, Child-to-Child training helps teachers to work in teams and to acquire a better understanding of the principles and demands of active methods and shows them the qualitative difference between knowledge firmly anchored within our inner selves because part of our life experience and the fragile knowledge acquired from formally taught classes. The results achieved encourage teachers to commit themselves to a renewal of their practical approach to their profession.

The pre-school setting. The initiation of pre-school staff into the graphic arts, to the fabrication of dolls and puppets, to the creation of plays and the making of various toys develops their imagination and heightens their overall effectiveness.

It can be unhesitatingly affirmed that the Child-to-Child pedagogical approach applied to education will free teachers from the constraints of the framework of the formal education system and induce them to devote more of their time to the search for solutions to the problems facing their classes, their schools and their communities. It is therefore most desirable that an intensive programme *be established for the training of teachers in this pedagogical method, especially in countries where initial training is of elementary level. Burkina Faso is ready, with the help of Unesco, to commit itself to action of this kind for a pedagogical renewal.*

6. The conditions necessary to ensure effective renewal

Experience has shown that training in the Child-to-Child method has more likelihood of having a decisive impact on working teachers than on trainee teachers. Working teachers are already having to face up to the realities of school life and to the uncertainties of the pedagogical system. They feel a real need, often voiced, for a re-assessment of their professional know-how. They are more likely to make full use of any new skills acquired and their interest in acquiring such skills is more certain.

When included in the initial training programme, there is a risk that the Child-to-Child approach will be seen as just one more theory among many and thus will lose some of its interest and appeal.

If a real, qualitative change is to be brought about, a number of conditions must first be met :

1) The target pedagogical unit to which the method is to be applied must be determined : i.e. an individual school, or a group of schools acting together as a vitalizing pedagogical nucleus or as a teaching "constituency".

2) The appropriate conditions to enable each teaching unit to become a centre of renovation must be determined and met.

3) Work with the teachers must be carried out on the spot and under the real working conditions in which the changes will have to operate.

4) A decision must be made as to the length of training sessions and how often they are to be held, so as to avoid holding sessions that lead nowhere.

5) *The content and rate of progression of the programme must be determined as a function of the objectives of change and of the level of the learning process and its impact.*

6) *The raison d'être and role of the Child-to-Child approach based on the school must be defined.*

7) *Multi-disciplinary teams of teachers, that include consultants, must be set up.*

8) *Teams of assessors, which should include local political and administrative officials, must be established.*

9) *Means of stimulating and rewarding changing pedagogical units should be envisaged.*

10) *Political and administrative authorities and parents should be made aware of and involved in the implementation of the programme.*

The Burkinabé Child-to-Child Association is ready to take part in any project for the renewal of teaching methods in Burkina Faso through the application of the Child-to-Child approach in education. Its members are available to make any contribution within their powers to implement such a programme.

4. The Child-to-Child approach in Mali(1)

Taking as its starting point the general condition, in particular the deplorable health situation of the children, the National Ministry of Education of Mali, acting within the framework of co-operation with UNICEF, has drawn up a programme of aid to basic education in the Sahelian zone covering a period of five years (1988-1992).

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(1) The papers concerning Mali were presented at Lomé by Mr. Koita Mahamadou, education researcher, Ministry of Education, National Pedagogical Institute, Bamako.

This project includes a sub-project (Ecole E026) which is specially concerned with basic education and which aims to introduce health education into teaching programmes.

With this in mind, the national Ministry of Education has set up a study group consisting of officials of the National directorate of Basic Education, the National Pedagogical Institute, the National Directorate for Functional Literacy and Applied Linguistics, the National Directorate for School Planning and Equipment and the Health Information and Education Service.

A seminar organized by UNICEF provided an opportunity to initiate members of the study group into the methodology of the Child-to-Child approach and the elaboration of pedagogical, programme and technical instruction files.

After receiving this training, the members of the study group drew up instruction files and visual support programmes for seven of the themes picked out by UNICEF :

- six target illnesses covered by vaccination - measles, diphtheria, tuberculosis, whooping cough, poliomyelitis and tetanus;
- diarrhoea, which causes dehydration and for which the treatment is the administration of SRO (solution de réhydration orale - oral rehydration solution).

During the course of training seminars at Gao and Timbuktu, run by members of the study group, the instruction files and visual support programmes were critically examined and amended.

To ensure better use of these files the teacher is obliged to consult the Child-to-Child pedagogical guide which is presented in the form of questions and answers. Reproduced below is a specific example of the Child-to-Child approach in health education.

a) What is health education?

Health education aims to teach actions and habits that are favourable to or can improve or restore health.

It is a learning process that is completely different from that to which the traditional school subjects are directed.

What is different about it?

In health education, one learns :

- TO LIVE HEALTHILY : the important thing is not only to acquire knowledge about health but above all to learn BEHAVIOUR that encourages health.
- RIGHT NOW: it is important to learn to live healthily, not just in the future, but above all NOW.
- IN EVERYDAY LIFE : what is important is to lead a healthy DAILY LIFE.
- ALL TOGETHER: it is important to act in concert with the whole community so that everyone can enjoy good health.

b) Why health education in school?

The school must play an active part in protecting and improving the health of all, and especially the health of children.

WHY?

- BECAUSE the situation of children in Mali is dramatic. The mortality rate of children under five is 297 per 1,000 and for children under a year it is 171 per 1,000.

  To encourage vaccination. In 1985/1986 only five per cent of children aged under one year were vaccinated against measles, yet this illness is one of the principal causes of infant mortality. It can and must be avoided by vaccination.

For some time now the P.E.V. (Programme Elargi de Vaccination - Enhanced Vaccination Programme) has been in operation in Mali. But it can only succeed under certain conditions. Parents must be informed and convinced of the protective role of vaccines. They must bring their children to the vaccination sessions and respect the follow-up dates.

- *BECAUSE children are the best target for health education :*

  Good habits are learned young; Children are more receptive than adults to new ideas;

  They can be induced early to choose good behaviour oriented to health and to become responsible; the children of today are the parents of tomorrow.

- *BECAUSE children can and must disseminate the message of health :*

  to their younger brothers and sisters who are often entrusted to their care;

  . *to their parents;*

  . *to those around them;*

  . *to the whole community.*

- *BECAUSE the school enables them to learn about health :*

  . *school is traditionally perceived as a place of learning;*

  . *it should enable pupils to acquire knowledge on health matters.*

- *BECAUSE the school enables them to live healthily;*

  . *the behaviour learned can be directly applied in school;*

  - school makes it easier to instil good health habits, such as washing hands and using the latrines.

- BECAUSE it makes the parents appreciate the school more:

  - health education makes for better links with the school and improvement of its surroundings;

  - it convinces the parents that the school is useful because their children learn things that are important and will lead to an improvement in the daily lives of all.

c) Overall objectives of health education in basic teaching

The overall objectives of health education in basic teaching can be summed up as follows:

- Pupils must acquire knowledge that will enable them to maintain or improve their health.

- They must learn the behaviour and habits that promote good health.

- They must become aware of the effect of their actions and of the actions of the community on individual and community health.

- They must be able to analyse a health problem.

- They must be able to seek suitable solutions to health problems and put them into practice, within the limitations of what is possible given their human and physical surroundings.

- They must transmit the health message to their families and to the whole community.

d) Prerequisites for the success of health education within basic teaching

For health education in basic teaching to be successful the following conditions must be met :

- The teachers must be motivated. They must feel concerned about the health problems of their pupils and the community. They must decide to get the school to participate in health education. The teachers must be trained in health education. They must know how to :

. fix the objectives in health education matters;

. put a suitable methodology into practice;

. evaluate the educational activity.

They must also have knowledge of health matters. In addition, whether they like it or not, they constitute a model for the pupils and the community. They must, therefore, give an example and live healthily.

- Health education must form a part of every year of the basic teaching cycle. Teachers must co-ordinate their educational activities at the school so that all the pupils can benefit from it.

- Health education must be adapted to the needs of the pupils, their level of development and their interests. The teachers must speak to the pupils about their daily lives. For this reason the language used in teaching must be the children's mother tongue, especially in the early classes. Teachers must know the locality well and also their pupils' traditions, practices and beliefs concerning health matters.

- School directors and inspectors must recognize the importance of health education. They must heighten the awareness of their teachers and organize their training. They must make appreciations of the teachers' educational activities and give them advice.

- Members of the community with a concern for health must collaborate. Pupils, teachers, health officials, the local authorities and, above all, the parents must collaborate. In co-operation *with health officials and teachers the parents can participate in the selection of priority health problems. They can take part in such educational activities as a meal or a play. They can help the children in making equipment or advise them on rural activities. All the human and physical resources available should be inventoried and used for health education. The school can use materials furnished by the Health Education Service or by the Directorate of Functional Literacy (posters, brochures, etc.). Some educational materials should be locally produced.*

- *The school should base itself on national and local health education programmes such, for example, as those on primary health care, the Enhanced Vaccination Programme or those on health education conducted within the context of the functional literacy programmes. Action undertaken at the school will be strengthened by that of other programmes.*

- *All these prerequisites are themselves subject to one last overriding condition - simply this, that the environment itself must be such as to make health education possible. How can children be taught to wash their hands when there is no water, or to use the latrines when none exist at the school? Material conditions may make health education difficult if not impossible. Before it can be introduced it will sometimes be necessary to improve the surroundings - for example, to install a water point or build latrines.*

e) Health education methodology in basic education

1. Health education in schools. But when?

. *Up with health - but when? Every day of school life. For example, washing hands after going to the latrines, before and after meals, especially if there is a school canteen. Protecting a water point. Choosing food from* a tradesman.

- *Learning about health - but when? At specific points during study of the following subjects : observation sciences, the natural sciences, moral and civic instruction, rural activities, social, cultural and sports activities. A programme must be established and followed : when something out of the ordinary happens - for example, an accident, a measles epidemic, a local sanitary improvement scheme is launched; in the course of various school programmes - the health theme can be introduced during the teaching of certain basic disciplines, for example, the mother tongue or French (by reading or listening to a story, reading or writing a cookery recipe, a play scenario, a method of cultivating cereals or vegetables), mathematics (study changes in the percentage of children vaccinated, assess and measure the quantities of the ingredients needed to make the SRO oral rehydration solution, estimate and measure the distance between the school and the nearest health centre), music (think up and compose songs about SRO or vaccination), manual work (make toys for younger children, produce marionettes as a means of spreading the health message), rural activities (these should be conducted in such a way as to teach behaviour leading to better health; nutritional education, for example, should be largely based on these activities).*

2. *Health education in schools. But how?*

Use of the Child-to-Child methodology. Characteristics : the child takes responsibility for his own health and that of other, younger children. He takes positive action, building up his own store of knowledge. With the help of the teacher he finds out about health problems and attempts to apply suitable solutions. He evaluates his own performance and tries to improve it. He lives healthily at school. He develops team spirit. He puts his sense of responsibility into practice by organizing activities in his village and taking an active part in them. He passes on the health message through games, plays and songs.

The role of the teachers: If this method is to work, the teachers must observe their pupils and listen to them to find out what they know about health and their habits in matters relating to health. They must select priority health problems that the children can handle and for which education can provide solutions. They must seek and provoke situations that make health a living subject for the children. Health activities must be original, attractive and interesting for the children.

Steps in the educational process : Awareness (the teacher arouses the childrens' interest in the theme chosen, through discussion, a story, a visit, etc.). Analysis of the health problem (the children discover the various aspects of health, formulate hypotheses, compare these hypotheses with reality as observed or taught, seek further information so as to acquire a better understanding, for example, through inquiries, visits, experiments, documentary research, observation, etc.). The search for solutions (with the help of the teacher the children suggest and decide upon action to be taken to resolve a health problem, for example, ensuring that drinking water is covered, washing cooking utensils). Synthesis (with the teacher's guidance the children formulate the basic health messages to be learned and applied, for example, by making a collective résumé or a drawing of what they have learned). Passing on the message (the children suggest and decide upon ways of passing on the most important messages, for example, by thinking up and making a game, a song, a play, a mime, a role-playing exercise, a poster, a drawing). Evaluation (the teacher assesses the children's knowledge, attitudes and behaviour, for example, by testing their knowledge, evaluating a proposal for a poster or a scenario for a play, by discussion with the pupils and by observation of their behaviour; the children evaluate their own performance by assessing the activities undertaken, their participation in them and the difficulties encountered).

pedagogical materials for the teachers. Seven themes have been selected: diarrhoea and the six illnesses covered by the Enhanced Vaccination Programme (P.E.V.) - measles, diptheria, tuberculosis, whooping cough, poliomyelitis and tetanus. The aim is for basic education to get across two very important messages : the necessity of vaccination and the prevention of diarrhoea and, in particular, of its consequence dehydration. There are three specific sets of notes relating to each of the seven themes mentioned above - a set of technical notes, programme notes and pedagogical notes.

a) The technical notes

These provide the teachers with the minimal KNOWLEDGE they must have to be able to tackle the theme with their pupils. Information is listed under the following headings : The importance of the problem of health (a brief description of the health problem and the reason for its selection). The audience concerned (the public involved in problems of health). Characteristics (pathogenic agents, i.e. the agents responsible for illnesses, such as viruses and bacteria; the way in which diseases are transmitted). Symptoms (the signs of illness; local factors favouring the aggravation and spread of disease; knowledge of the local situation, the Sahelian zone, makes it possible better to understand health problems. Curative and preventive measures (ways of treating and preventing illness). Important health messages (the essential elements to be transmitted within the framework of health education).

b) Programme notes

These set out for the teachers the EDUCATIONAL OBJECTIVES RELATING TO A GIVEN THEME: These objectives are concerned with the knowledge, attitude and behaviour of the PUPILS. These objectives must be attained by the end of their basic education. It is not a matter of aiming at all these objectives during each scholastic year (we shall return to this point later).

c) Pedagogical notes

These provide the teachers with one example activity for each of the themes studied. Headings. Study years (the scholastic years for which the activity is recommended). Specific objectives (the specific objectives of the activity selected from the programme notes; several specific objectives can be pursued through a single activity - the numbers in parentheses, for example 4.1, refer to the objective numbers in the programme notes). The operational objective (a more precise objective than the specific objective, which the pupils must attain by the END OF THE ACTIVITY, an example of an operational objective: all the pupils must be able to use soap and water given to them to wash their hands by pouring water over their hands and using the soap). Evaluation (criteria and modalities of the evaluation which is directly related to the operational objective. Materials (the materials the teacher must allow for and use during the activity). Human resources (the people who take part in the preparation or carrying out of the activity). The progression of the activity (intermediate objectives - stages in the activity fixed as objectives for the pupil and which lead up to achievement of the operational objective at the end of the activity; materials - those materials needed for the particular stage of the activity; activities - situations selected by the teacher to enable the pupils to attain the objectives; these situations require action by the pupils, for example, inquiries, decisions, making up a game or a song; evaluation - the means by which the teacher can check that the intermediate objectives have been achieved).

The use of notes by the teachers : The two important health education messages - vaccination and rehydration - must be passed on to all the pupils during basic teaching. Nevertheless, they will be adapted according to the level and motivation of the pupils. The health education activities that are to be integrated into specific study courses must be very carefully *prepared and carried out. The notes have been conceived in such a way as to enable the teachers to PREPARE and CARRY OUT health education activities. The technical notes and the programme notes are supplied to the teachers. Teachers must not re-invent or modify them. However, they may DRAW UP PEDAGOGICAL NOTES. To PREPARE AND CARRY OUT health education activities, the teacher can use the notes issued to him and DRAW UP pedagogical notes.*

a) *USING the notes provided*

The teacher must read the technical notes on the selected theme (knowledge intended for HIM); he must then read the pedagogical notes and CHOOSE whether to carry out the entire activity proposed, or only a part of it, and whether to carry it out in one go, or spread it out over several sessions.

b) *Drawing up pedagogical notes*

The teacher may INVENT activities; it is up to him to be original and creative, to innovate and to prepare activities other than those provided in the notes. The pedagogical notes provided offer a basis on which the teacher can prepare and carry out such activities. Pedagogical notes can be drawn up on the pattern of the Child-to-Child activity sheets. Steps in the drawing up of pedagogical notes. SELECT THE THEME (the teacher may be guided by such criteria as the importance of the health problem, the level and motivation of the pupils, the preferred choice of the parents, a given event). ANALYSE THE HEALTH PROBLEM (place the health problem in the local context. For example, why is this health problem so important in my village? What are its causes, which section of the public does it concern, what are the obstacles to improving the situation and what positive points could the educational action be based on? Draw inspiration for this from the technical notes and adapt them where necessary to the local context). BUILD UP

A LOGICAL SEQUENCE (choose objectives from the programme notes that are suited to the level and interests of the pupils. Set them out in chronological order - first specific objective, second specific objective, etc. Give priority to objectives that relate to the more important health education messages. For example, in health education it is more important to describe the vaccination schedule and how it is carried out than to teach the name of the pathogenic agent concerned. As far as an activity is concerned, CHOOSE ONE OR SEVERAL SPECIFIC OBJECTIVES out of those that make up the logical sequence. SELECT AND FORMULATE AN OPERATIONAL OBJECTIVE). DRAW UP THE OTHER HEADINGS (a word of advice, the headings "Educational materials" and "Human resources" will be easier to complete after having planned the progression of the activity, which should be as complete as possible, particularly at the beginning).

Suggestions for health education activities in basic teaching : Here are some suggestions for activities in addition to those already mentioned: Set up a health committee made up of pupils, teachers and parents (its mandate would be to ensure that the rules of hygiene are respected in the school, to organize activities within the school and to make parents and the community aware of health problems). Organize a health day or health week, an exhibition, a game or competition between classes within the same school or between different schools. Organize a first aid post or a small pharmacy at the school. Organize and carry out activities within the community (for example, cleaning up days).

f) Teacher training

During their visits, school INSPECTORS could offer advice and guidance to the teachers and steer them towards activities which would provide a form of self-training.

School DIRECTORS should organize training for the *teachers and release them for such training.*

TIME should be set aside in schools to allow teachers to meet regularly to exchange experiences, to prepare, carry out and evaluate activities and to produce materials.

TEACHERS could establish a class or school record of pedagogical notes prepared.

Teachers from different schools could profitably meet to exchange experiences and to enjoy mutual enrichment.

Owing to lack of space, only one of the six themes (or child illnesses) presented in the teachers practical handbook (Child-to-Child Health Education Notes), poliomyelitis, is reproduced here as an example.

POLIOMYELITIS

Technical Notes

I. Importance of the problem

Poliomyelitis is a common illness which is fatal to many children.

It often results in paralysis of the limbs and leaves children handicapped for life.

Yet it is an illness that can be prevented by vaccination. In most developed countries, where children are vaccinated against it, poliomyelitis has almost entirely disappeared.

II. The section of the population concerned

Children aged from three months to five years (particularly during the first two years) and, sometimes, older children.

III. Characteristics

1. **Pathogenic agent**

It's a virus

2. How contracted

Poliomyelitis is transmitted by :

- Food and water contaminated by the excreta of infected persons;
- Drops of saliva or secretions from the pharynx and the bronchi.

The virus is mainly propagated by those suffering from the illness. People apparently in good health can have the virus and thus be contagious. It is these healthy carriers who are largely responsible for the persistence of the disease.

3. Symptoms

Poliomyelitis is an illness the gravity of which varies very widely.

a) Sometimes the person affected presents no symptoms;

b) Some people show minor symptoms for about five days - fever, lack of appetite, a sore throat and difficulty in swallowing;

c) Other people have a higher fever, pain in the muscles, lack of appetite, constipation or diarrhoea. Later the neck becomes stiff and cannot be moved in relation to the body. The torso also becomes stiff. The patient finds it very difficult to sit.

d) Finally, in some patients, after the fever, pains in the muscles, stiffness of the neck and torso, paralysis of the muscles controlling the limbs (arms and legs) sets in. The skin remains sensitive to cold, heat and pinching.

Very often, this paralysis leaves a child handicapped for the rest of his life. Sometimes the paralysis affects the muscles that control breathing and the child dies from asphyxiation.

4. Factors favouring the increase of poliomyelitis and its transmission

Dispersion of the virus present in the excreta of infected persons in the countryside (in the earth, sand, ponds and streams); failure to install, use or maintain latrines; consumption of water and food contaminated by infected excreta, in particular unboiled milk); lack of vaccination (in 1986 only three per cent of one-year-old children in Mali were vaccinated against poliomyelitis); difficulty of detecting healthy carriers; lack of information and education among the population; vaccination often not fully completed.

5. Measures to combat the illness

- Curative measures:

There is virtually no treatment; acetylsalicylic (aspirin) to lessen the pain, rest, hot bandages on the paralysed limbs. After convalescence progressive physical re-education should be carried out to limit the permanent effects.

- Prevention

Vaccinate all children (there are two types of anti-polio vaccine, one that is injected and one taken orally; vaccination schedule: three injections or three oral doses, at one month intervals, given at three months, four months and five months; first booster at eighteen months; second and subsequent booster every five years; CAUTION, if this vaccination programme is not respected, the child will not be protected). Wash your hands (before preparing or eating food, after going to the latrines; install, use and maintain latrines). Make water drinkable; watch your food hygiene, isolate the patient; if there is an epidemic, mass vaccination should be undertaken - children should only be given oral vaccination - and hygiene measures should be tightened up.

6. *Important health messages*

Vaccination of all children (the vaccination schedule must be respected, do not forget the booster doses every five years); hygiene measures very important; education of the population in public health (how the illness is spread, the advantages of vaccination, essential hygiene measures); help handicapped children (to share in the life of the group, to use all their capabilities and even to improve their condition).

Programme Notes

I. *Overall objective*

The pupil should be able to protect himself and his close relatives against poliomyelitis.

II. *Specific objectives*

The pupil should be able to :

1. *Describe the illness (name the pathogenic agent; describe how the disease is passed on, its evolution and symptoms at the various stages of its development; describe the population group involved).*

2. *Explain the gravity of the illness (describe the factors that explain the gravity of the illness, especially among young children; list and analyse the local factors that favour the increase and spread of poliomyelitis).*

3. *Describe the measures to be taken when a case of poliomyelitis is diagnosed (mention the steps to be taken after convalescence).*

4. *Describe the means of preventing poliomyelitis (understand the value of vaccination; quote the two types of vaccination and describe the correct vaccination schedule; describe other means of*

preventing poliomyelitis; enumerate the steps to be taken should an epidemic occur).

5. *Apply methods of preventing poliomyelitis (find out if the patient has been vaccinated and have him vaccinated if necessary; take the necessary steps to prevent poliomyelitis).*

6. *Pay attention to his own health and that of other young children in his circle and watch out for possible signs of poliomyelitis in himself and in them.*

7. *Name three other important health messages.*

8. *Pass on the message to other children, his family and the community :*

    - *Inform other children, the family and the community and make them aware of the gravity of the illness, its symptoms, how it is passed on and the curative and preventive means of combating it.*

    - *Inform those in his circle of the possibility of avoiding poliomyelitis by vaccination and of the necessity for this procedure.*

    - *Inform the community of the way anti-polio vaccination schemes operate and, in particular, of the need for three injections or oral doses (the one month interval between doses, the need for boosters).*

    - *Check that the young children in his circle have been properly vaccinated.*

    - *Find out the time, date and place of vaccination sessions and inform other children, the family and close circle; remind them when injections are due by keeping a vaccination diary or equivalent.*

- *Take younger children in his circle to vaccination sessions.*

- *Take part in social mobilization campaigns for vaccination within his community.*

Attend the vaccination sessions (help the mothers, play with the children.

III. Reference to the official basic education programme

1. Discipline : Observation

2. Years of study

N.B. The message concerning poliomyelitis must be transmitted to all pupils undergoing basic education. The teacher should choose specific objectives adapted to the pupils' level and interests. Other disciplines, such as civic and moral instruction, rural activities, social, cultural and sporting activities, can provide a framework for instruction on poliomyelitis.

Pedagogical Notes

I. Years of study

Fifth or sixth year

II. Specific objectives

The pupil must be able to : describe the factors that explain the gravity of the illness, especially among young children; describe the steps to be taken after convalescence; understand the value of vaccination; describe the correct vaccination schedule; inform the community how anti-polio vaccination schemes operate (see Programme Notes, specific objectives, points 1 to 8).

III. Operational objectives

The pupil should be able to draw up an anti-polio vaccination calendar for the mother of a young child. The calendar will show the correct vaccination dates. (calendars can be drawn up for all the six illnesses covered by the Enhanced Vaccination Programme, P.E.V.).

IV. Evaluation

Criteria : correct information on the calendar concerning vaccinations. Illustration : the presentation should be agreeable and personalized.

How to be carried out : work checked and corrected, if necessary, by the teacher.

Long-term evaluation : number of young children in the pupil's circle vaccinated against the six illnesses covered by the P.E.V.

V. Materials

The materials needed to make vaccination calendars : paper, pencils, pens, etc.

VI. Human resources

Health official

VII. Timing of the activity

This activity will be able to take place once the calendar for vaccinations against the six illnesses covered by the P.E.V. have been studied.

PROGRESSION

INTERMEDIATE OBJECTIVES	CONTENT OF LESSON	ACTIVITIES	EVALUATION
Take an interest in the problem of poliomyelitis and in the children with this illness.	Polio is a serious illness which makes children infirm for life	Story told by the teacher. How Amadou catches poliomyelitis, how he remains paralysed, how the children of the village helped him to move around and played with him. Questions asked by the teacher to check the pupils understanding of the story. Questions: Do you know any children with polio? How are they now? Have they got any friends? How could we help them?	Attentiveness of the pupils Correctness and precision of the answers given Pupil participation
Find ways of helping children who have had polio.	Ways of helping children who have had polio.	Suggestions from the pupils. Example: help them to walk, play with them,make toys for them, visit them, help them to be useful. Discussion with the pupils to see how they can be of practical help to these children	Suggestions made by the pupils.
Get the information with which to answer the questions asked. Acquire knowledge about the prevention of polio by vaccination and about the vaccination schedule	Polio can be avoided by vaccination. Vaccination plan see technical note.	Question: Can polio be avoided? How? Who can help us to answer these questions? 3 or 4 pupils can go and question the health officer. These pupils report back to the whole class. Copy the anti-polio vaccination schedule on to the blackboard.	Identification of the person who can inform the pupils. Details of the information given.
Pass on to those around us what we have learned. Take part in the vaccination announcement campaign.		Question: How can we pass on to those around us what we have learned. How can we make them understand the need to vaccinate young children? How can we remind them of when vaccination is due? Pupils' suggestions. The teacher can give them ideas. Example: make illustrated, easy to read calendars that the mothers can understand easily, find out about the dates of vaccination sessions, announce them to those around you, take part in the vaccination announcement campaign.	Suggestions from all the pupils
		Remarks: These activities can be concerned not not only with polio but with all the six illnesses covered by the Enhanced Vaccination Campaign (P.E.V.)	Making a vaccination calendar: Accuracy, precision, illustration.

5. Education in Mauritania through "Study of the Milieu" : A Contribution to the Child-to-Child Approach(1)

In 1979, the Mauritanian Ministry of National Education requested UNICEF support in the integration of health education into the third to the sixth year of the basic education programme.

an inter-ministerial committee was set up, a consultant was approached and, in 1980, a programme was devised. At the beginning of the 1981 school year, this programme was introduced experimentally in eleven schools, covering a total of sixty-four classes and four thousand and sixty-one pupils.

At the same time, the Ministry of National Education set up a small management unit, consisting of one inspector and two teachers, to take charge of the co-ordination and follow-up of the project. The work of this unit proved to be an essential factor in the development of the operation.

This programme, therefore, ran parallel to, and independently of, Child-to-Child programmes. It may be of interest to analyse the development and to compare the failures and successes of both these experiments, bearing in mind the differences of emphasis that exist between their objectives, and to discover elements that may contribute to increasing their effectiveness.

In Mauritania, a national approach was adopted. Mauritania is situated in a region where life is precarious. Trapped between the northern Sahel and the southern fringe of the Sahara, with the desert advancing several kilometres a year, it has one of the highest infant mortality rates in the world. Health problems there are only one among many complex, inter-related questions all of which require urgent solution. The urgency of the situation demands the rapid, simultaneous implementation of an overall educational effort aimed at promoting the know-how and behaviour necessary in a situation in which human survival is at stake.

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(1) By André Mazer, Professor of medicine and Doctor in education sciences at the Faculty of Medicine, Marseille, France.

This is why, from the beginning, it seemed clear that health education should not be dispensed in isolation, with the risk of exclusion that such isolation would entail, but that it should be integrated into a new, global discipline that would cover everything relating to man and his natural and social environment - the natural sciences, history, geography and civic instruction. The discipline has been dubbed "study of the milieu". However, the new discipline should not be handled in the classic manner, in descriptive and analytical terms, but, wherever possible, from the angle of health and utility to man. For example, the focal point of interest of a plant would be neither its roots nor the flower it produces, but the fruit it yields, the time it takes to produce that fruit and its nutritional value.

This initiative has proved itself to be a judicious one for a number of reasons:

- It has given study of the milieu, and thus also health education which forms an integral part of it, the status of a fully-fledged school subject included in the programme of examination subjects sanctioning entry into the secondary cycle and obligatory for promotion from one class to the next.

- It has made it possible to adapt teaching methods to the psychological requirements of the school-age child. This is the period that Piaget called the "concrete operational" stage during which reasoning cannot be divorced from the object, or representation of the object, to which it is being applied. The stage of "formal operations", when the mind is capable of making deductions from abstract ideas in the absence of concrete realities, will come later. Prior to this, however, all teaching MUST start from an "observation" phase, that is to say the garnering of information received through the senses. This information is supplied to the child by his milieu and is familiar to him. Once the object of study is firmly present in the child's mind, all forms of reasoning are open to him and within his grasp.

- It has made it possible to move on from the level of the mere acquisition of knowledge to that of applying this reasoning to the milieu. His mind enriched by observation of his surroundings, the child learns, under the guidance of the teacher, to understand and explain the hidden meaning of what he sees, to deduce measures and attitudes that will encourage the improvement of health and, full of these new acquisitions, to try to apply them to everyday life. The following addition to the methodology of the programme was made in 1983. **At the end of each lesson has been added a phase of "application to the milieu" during which the class, working in large or small groups, thinks of ways in which desirable changes discovered during the lesson could be passed on and adopted in each of the families represented. In this way, from being a mere "learner" the child becomes a "health agent".**

- It has made it possible to go beyond the restricted and restricting framework of primary health care and to broaden the knowledge acquired to encompass everything that might have a bearing on health. All round observation of all facets of the milieu avoids the splitting up of knowledge into separate compartments. Immediate and future syntheses are encouraged and the natural complementarity of life and the milieu is rediscovered.

- Rather than having to rely on "recipes" for health education, it makes it possible to base action on principles, the application of which will vary according to circumstances. For while in global terms recommended actions will be the same everywhere, the order in which they are undertaken and their implementation will be specific to each milieu. To cite two examples : there are no anopheles mosquitoes in the northern two-thirds of Mauritania the method of installing latrines will differ according to whether the ground on which they are to be set up is lateritic, sandy or predominantly clay.

The scene is set. All that is lacking now is the cast. Yet the appearance of the actors will create the gap that separates every concept from its implementation. There are two actors - the teacher and the pupil. Each comes on stage with his own personality, his own intentions and his own defences, so many obstacles to be overcome, or to be taken into account if they cannot be overcome, before the operation can be launched.

These obstacles can be grouped under four headings - psychological, epistemological, linguistic and cultural.

THE PSYCHOLOGICAL OBSTACLE

This is very strong, in both the teacher and the pupil.

- The pupil of school age is, in Freudian terms, in the latency period. His libido is dormant, the father/rival has become a model to be copied, the person who knows everything, who is the strongest. The child's imagination attains its apogee and then abates as reasoned thought begins and develops.

  His attention can be captured provided that the activity proposed is "interesting".

  In psycho-sociological terms, the child learns that other authorities exist. He joins groups that play collective games and in which he takes his place.

  In social terms, he may, during this period, go through phases of systematic opposition and of self-affirmation.

  In short, none of these influences direct him towards the acquisition of knowledge. Of course, these obstacles will be overcome by the teacher, but, from the very conception of the pedagogical method, they must be taken into account to ensure that the teacher meets with the greatest possible success.

Thus, lessons should be few in number, unencumbered, short, go straight to the essential point and be expressed in simple terms. They should be broken up by lots of exercises, preferably carried out collectively.

In order better to ensure attention to the theme, an "awareness phase" is programmed prior to each lesson, preferably for the previous day. The pupil has to carry out an inquiry within his family or in his village. Some sample questions are provided. At the beginning of the lesson, the reports on these inquiries should enable the essential points to be elucidated to emerge. These will constitute the objectives of the lesson.

Finally, since 1989, a key psychological element has been added - the "pupil's handbook". Each pupil (for the moment each third-year pupil) has at his disposal a book which is personal to him, the only book which belongs to him, and which enables him to continue his school work at home.

- The teacher, **for his part, is and always will be the principal obstacle to pedagogical innovation. Enclosed within the four walls of his classroom, in sole command, he does not greatly appreciate having change imposed upon him. Even less does he appreciate being asked to teach something he has not learned and, above all, that he has no desire to learn.**

With time, patience and method, this obstacle created by the teacher's psychological make-up can be overcome.

In the Mauritanian experiment, very considerable efforts have been made to this end, through seminars bringing together all (or almost all) the teachers of a given district. It is estimated that over eighty per cent of the teachers in Mauritania have taken part in at least one of these seminars.

First of all there were seminars at which every line of text and every illustration in the pedagogical documents were critically examined *and re-examined by two groups of some forty teachers from two different towns. All these observations and all the changes requested were carefully taken into account before the documents were printed.*

The teachers indicated how much they appreciated this collaborative initiative.

During the course of this revision exercise, it sometimes happened that one point or another seemed obscure to one or other of the groups or that a particular fact required verification. The organizers of the seminars deliberately refrained from answering these questions themselves, calling instead on the advice of the appropriate technical staff (health, agriculture, cattle-raising or hydraulic technicians) on the spot in the village or town. The answers given fully satisfied the questioners, thus demonstrating the complementarity of the various disciplines in matters of health and highlighting the existence of "human resources" to which recourse could be had throughout the country.

Other seminars have been organized to explain the proposed pedagogical method. The projection, with commentary, of a video-taped model lesson demonstrated the pedagogical plan, but, above all, it offered the opportunity for discussions in groups consisting of a mixed bag of teachers, inspectors, pedagogical advisers and the regional director of education.

Other seminars, organized in collaboration with the Mauritanian Red Crescent and with Unesco, provided, respectively, training in first aid and gardening. Finally, apart from the "psychological pressure" for these seminars, one fact underlined the importance of this new discipline and the method of teaching it - it was the only one for which printed documents were available to the teachers with which to prepare their lessons.

THE EPISTEMOLOGICAL OBSTACLE

This is to be found in both actors, varying in intensity from one individual to another.

Ignorance is often thought to be a state of affairs in which the brain of the ignorant person is comparable to a virgin wax tablet on which any message can be directly and accurately inscribed. In fact, ignorance of what we call accepted truth, even in a child, disguises an ancestral, more or less empirical knowledge the solidity and authenticity of which makes dubious the permanence and the fidelity of reproduction of any over-writing of fresh information.

At times, too, the truths that science offers us are in contradiction with appearances. Take for example the matter of re-hydration during a bout of diarrhoea. Every mother knows that filling a nurseling baby's stomach provokes a very regular reaction of defaecation. This reflex is exacerbated during a bout of diarrhoea because it is facilitated by intestinal irritation. Any solid or liquid intake provokes diarrheal emissions, whereas, on the contrary, suppression of feeding reduces the frequency of these emissions. The "natural" reaction of some mothers is to stop feeding completely. This epistemological obstacle cannot be overcome simply by showing these mothers a plastic bottle with a hole in it that has got to be filled. This is a conceptual argument that may not necessarily be grasped. They may even find it rather odd that their babies should be compared to a plastic bottle. They are more likely to be convinced by concrete arguments, such as showing them that what comes out is different from what goes in (this is especially evident if the baby is being breast fed) and that the triggering of the reaction is linked to the VOLUME ingested and that a diarrhoetic child can be fed and rehydrated by the ministration of small spoonfuls of an oral solution.

Epistemological obstacles are not easy to identify *and not all those that have been identified are easy to overcome. Food taboos come under this category, especially when, like the fresh egg taboo in Mauritania, they are shared by an entire population.*

THE LINGUISTIC OBSTACLE

This concerns only the pupil, mainly during the early years of his schooling.

For most children, going to school for the first time also means entering a world in which people speak a foreign language, since, for a child, any language other than his mother tongue is a foreign language. Now though words are the vehicle of thought, thought is also developed by words and the integration of new knowledge and its conceptualization must be supported by a clear, unequivocal semantic base.

We have attempted to overcome this problem by making health education lessons also lessons in vocabulary. Large drawings have been made and these are placed on an easel so that they can be seen by the whole class. They show the essential objects used in the lesson and the teacher given the names of these objects both in the national language and in the local mother tongue.

It has also been noted that image language is not always understood in the same way in countries where cartoons and comic strips are part of the young child's culture as in countries where they are not. The more schematic a drawing is and the more distant it is from reality, the less well it is understood. This is a constant preoccupation when it comes to making these drawings.

THE CULTURAL OBSTACLE

This is something that affects the whole society. It arises each time one cultural system suggests its own solutions to resolve the problems of another system whose evolutionary path has been different. The search for causalities in the cultures of developing countries seems to be less imperious. All the solutions put forward by scientifically and technologically advanced countries are based on a rigorous distinction between the essential and the accessory, the necessary and

> the fortuitous, the particular and the general. And they no longer know this language. Is it really understood?

After the scene has been set and the actors have been prepared, there remains the task of writing the scenario. It unfolds in four acts :

- The animal world, in the third year
- The plant world, in the fourth year
- Man and human society, in the fifth year
- Health and preventive care, in the sixth year

There are eighteen to twenty lessons each year and, throughout all four years, the lessons follow the same organizational pattern :

- an arousal phase intended to capture the pupil's attention,
- an observation phase which is essential to lessons based on concrete reality;
- an analytical phase, when the teacher calls on the pupil's reasoning powers,
- a conclusion, during which the essential facts are summed up,
- an assessment of the knowledge acquired completes the first, very classic part of the lesson,
- a phase of application to the milieu constitutes the second part of the lesson. It must be short, but it is essential. It deals with ways of disseminating the message of health education.

At the end of the lesson, pupils are given "change indicators", that is to say, observable and measurable data the collection of which alone makes it possible to affirm *that the milieu has really been changed as a result of what has been learned at school.*

It is still too early to make a first evaluation of the true scope of this teaching. What can be said is that the pedagogical means are now in place and available for all years of the scholastic cycle and that the entry of health education into basic education is now an accomplished fact. Within two years, the young teachers now being trained in the ordinary schools will have learned this discipline during their studies. The future undoubtedly look promising.

C

INNOVATIONS AND POTENTIAL NEW APPLICATIONS IN EDUCATION

We come, at last, to the important question as to whether, despite the fact that it was originally conceived of with health education in mind, the Child-to-Child approach can be of value in the teaching of other school subjects.

This question implies universal recognition today of the inadequacies of formal education, especially in developing countries and, in particular in Africa. Diagnostic appreciations of the situation from a variety of sources abound. At the Lomé meeting, Mr. L. Lokisso(1) stressed the five following levels of inadequacies :

1. *Educational objectives* :

   - *Inadequacies in relation to local values and needs. (Schools today teach not to consume but now how to produce, they concentrate on learning by heart but fail to encourage know-how and the spirit of enterprise, they support the myth of the*

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(1) Programme specialist in primary education, Unesco, Paris

importance of diplomas and turn out people who are consumers of foreign culture exclusively.

- *Conceived solely in relation to secondary and higher education and not as a stage in the preparation for life.*

2. *Structures and regulations* :

- *Structures and regulations based on foreign models;*

- *Rigid structures generally accompanied by a top-heavy, highly centralized administrative machine (authority is exercised from the top downwards and accountability is from the bottom upwards; there is no place for intitiative at the local level);*

- *Structures that take no account of the two other parallel systems (the traditional and the non-formal).*

3. *Content* :

- *Programmes generally overloaded (subjects are added but no one knows how to simplify them);*

- *Subjects remain strictly compartmentalized and are not integrated to meet the needs and interests of the child;*

- *Programmes do not take sufficiently into account the environmental dimension and the school cycle is not dove-tailed with the timing of local activities.*

4. *Teaching methods and materials* :

- *Methods that generally support the theory but fail to create the link between theory and practice;*

- *Methods that are more concerned with the programme than with the child (little attention is paid to certain specific situations : classes with too many pupils, lack of attention to handicapped children or children with special difficulties);*
- *Methods which take little notice of practical experience;*
- *Teaching materials that are not locally produced, the use of which often poses serious problems;*
- *The teacher is seen as actor and subject and the pupil as audience and object;*
- *The use of national languages in teaching, which poses serious political, technical and financial problems.*

5. *Costs : Systems are often very expensive*

Most governments find it impossible to provide supplementary funds.

According to Mr. Kenneth King (1988), the book-learning and theoretical concepts the school currently provides form no part of the language of the families or communities from which the pupils come and are not applicable to the personal or community problems of everyday life. Yet, everywhere in Africa, the primary school occupies the strategic ground between the traditional and the modern worlds. It now has the capacity to improve the quality and range of training and skills that the children will employ to the advantage of life and work in their communities. Innovative initiatives such as the Child-to-Child approach that can redress the unfortunate situations that have been diagnosed are today a necessity.

As has been stressed in all the papers in this Digest, as well as in the interim report of the Lomé meeting, there is no doubt that the Child-to-Child approach can be applied to all the disciplines taught in primary schools - languages, writing, reading, mathematics, science, history, geography, civic instruction, etc., as well, of course, as health education.

The method comprises five stages (Hugh Hawes): (a) understanding the concept, (b) inquiry and report on its applications in a given context, (c) discussion of the possibility of action, (d) action taken individually or by groups, (e) evaluation. The method uses the techniques of mutual instruction and help given to young children both in and out of school. It creates links between the school, the family and the community. It provides for the coherent integration of all existing methods that attach great importance to learning through action and the immediate utility of what is learned, both for the individual and his circle. As C. Kajubi (1) says:

> *It is no use the pupils producing brilliant science essays while the environment of their school and their homes is unhealthy and a danger to life.*

As far as this is possible, the method provides for coherent integration of traditional, formal and non-formal health education. The experts are convinced that it can do the same for education in general. It makes the child a responsible individual, a fully-fledged member of his community and the conveyor of educative messages to all the members of his community. In so doing, the child helps the community to evolve into a self-educating society capable of setting its own priorities and resolving its own problems. It addresses the essential needs of all the children, whether they be healthy, handicapped, marginalized, or in or outside the school system.

Finally, given that the value for education of the Child-to-Child approach is accepted, the time has come to move on to the subsequent stages - the conception of methods and specific means of ensuring its practical application to all educational disciplines.

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(1) Stenza Kajubi, Director, the Child-to-Child Programme, Kampala, Uganda

Annex 1

Recommendations of the Lomé Meeting

I. Considering that the Child-to-Child method constitutes a pedagogical approach that encourages and incites children to play an active and responsible role in their own education and development as well as in the education and development of other children in school, in the family and in the community.

II. Considering that, although originally conceived as a means of helping to achieve a better standard of health among children and in the community, the Child-to-Child approach is now recognized as a means of improving the quality of education in general.

III. Noting that the Child-to-Child approach is already applied on a greater or lesser scale in a great many African countries and throughout the world, primarily as regards health education.

IV. Recognizing that the wider value and potential of this new educational approach is the result of these experiments.

V. Considering that, following analysis of the Child-to-Child concept and the experiences of its application in a variety of contexts presented by participants, the meeting acknowledges the immense potential value of such an approach, which :

1. Establishes a link between the values and practices of traditional education and formal school education;
2. Establishes a link between education in school and in the home on the one hand and education in the community on the other;
3. Establishes a link between learning and action for development;

4. Develops in children active education practices that provide solutions to problems and promotes in them a spirit of independence;

5. Prepares children to become citizens playing an active role in society by developing in them tolerance, a sense of solidarity and co-operation and a responsible attitude towards others.

VI. Believing profoundly that this approach represents a means of achieving the objectives, Unesco has set itself for the next six years for the improvement of the relevance, quality and effectiveness of primary education.

VII. Being convinced that such an approach would make possible the enrichment and improvement of the quality of education at least in the following areas :

1. Improvement in the vital, indispensable area of universal primary education, that is, in the fields of languages and mathematics,

2. Education relating to social studies and the environment, including moral and civic education,

3. Pre-school education, both at home - relating to the growth, development and mental stimulation of the child - and in more formal groups such as pre-school establishments,

4. The education of children with special needs, in particular handicapped children.

VIII. Recognizing, nevertheless, that this approach faces a certain number of human, material and administrative constraints.

IX. Being aware that, to overcome these constraints, it would be advisable to :

1. Make school programmes more flexible, which would often entail greater participation at school level in the planning of content and the choice of methodology,

2. Strengthen the links and co-operation between education in the school, in the family and within the community,

3. Promote adequate initial and in-post training programmes for teachers,

4. Encourage the adaptation, production, diffusion and use of materials suited to the Child-to-Child approach, including the use of local resources and materials produced locally by the teachers and the children themselves,

5. Encourage new approaches to the evaluation of education which would include both instruction in and participation in evaluation at the local level and would involve the teachers, tne children, the parents and the community.

X. Considering the present and potential interest and support being shown UNICEF, Unesco and the United Nations Agencies with regard to the Child-to-Child approach,

the meeting recommends :

I. that one or more meetings be organized in Africa, at regional or sub-regional level for political leaders of Member States so that they can study the possibility of putting the Child-to-Child approach into practice in education.

II. That, in preparation for such a meeting :

   1. A general policy document should be prepared, providing a description of and reflections on the experience acquired in the adoption of the Child-to-Child approach in all the countries of the region.

   2. That, in addition, a number of teams working at the national level, should prepare brief technical documents; in each case the countries to prepare such reports shall be selected on the basis of the success of their experiments.

3. That these documents shall cover three key areas :

   (a) the training of education personnel

   (b) the planning and production of materials

   (c) the planning of school programmes so as to incorporate Child-to-Child experience.

III. That UNICEF, Unesco and other United Nations Agencies should meet regularly and become fully involved in Child-to-Child programmes as well as in the formulation and implementation of projects both at the central and the national levels.

Annex 2

Expert Papers Presented at the Lomé Meeting

(19 - 24 June 1989)

In accordance with the programme of the meeting, four plenary sessions were devoted to the presentation and discussion of the following papers :

(1) The "Child-to-Child" Programme: A Decade of Experiences and Prospects in Nigeria

By **Samuel Tunde BAJAH,** Professor of Science Education, Institute of Education, University of Ibadan, Nigeria

(2) The Burkinabe Experience of "Child-to-Child" and Educational Renovation in Pre-primary and Primary Schools

By **Jean BARRY,** former Inspector of Primary Education, the Child-to-Child Association, Ouagadougou, Burkina Faso

(3) Facts for Life Programme and its Connexions with "Child-to-Child"

By **Dr. Peter DELAHAYE,** UNICEF Representative in Togo

(4) "Child-to-Child" Educational Materials

By **Dr. Elisabeth DUMURGIER** (Docteur en médecine), Institut Santé et Développement/Bureau International Catholique de l'Enfance (Health and Development Institute/International Catholic Bureau for Children)

(5) Child-to-Child Approach : The Zimbabwe Experience

By **B.S.M. GATAWA,** Chief Education Officer, Curriculum Development, Ministry of Primary and Secondary Education, Zimbabwe

(6) Child-to-Child, The Road Ahead

By **Dr. Hugh HAWES**, Director, The Child-to-Child Trust, London

(7) Child-to-Child in africa, Problems, Prospects, Challenges

By **Dr. M.J. KINUNDA**, Unesco Educational Adviser, UNICEF Regional Office, Nairobi, Kenya

(8) School and Health Action Plans in and for Primary Schools in Kenya

By **Dr. M.J. KINUNDA**

(9) Health Education in Mauritanian Schools

By **Professor André MAZER**; (Docteur en Sciences de l'éducation, Docteur en médecine) Faculté de Médedine, Université de Marseille (Faculty of Medicine, University of Marseille)

(10) Traditional Education

By **Yao NAMBOU**, Secrétaire Général, Commission Nationale Togolaise pour l'Unesco (Secretary General, Togo National Commission for Unesco)

In addition, the following papers were distributed to the participants :

(11) The Integration of the Child-to-Child Approach into the Primary Level Social Studies Programme: Consideration of Strategies

By **S.C. ALEYIDEINO**, Institute of Education, Ahmadu Bello University, Zaria, Nigeria

(12) Child-to-Child Approach in the Primary School Curriculum

By **Dr. S. KAJUBI**, Director, Child-to-Child Programme, Institute of Teacher Education, Nyambogo, Kampala, Uganda

(13) Kenyan Experience - School Health - ECHA Project

By **Dr. M.J. KINUNDA**

(14) Children as Agents of Change

By **Dr. Krisno NIMPUNO**, UNCHS Habitat Consultant, The Netherlands

(15) Education in the Family and the Community

By **A. TAY**, Programme Specialist, Unesco/UNICEF Co-operative Programme, Unesco, Paris

(16) l'Approche "L'Enfant pour l'enfant", Espoir pour un enseignement primaire de qualité (The "Child-to-Child" Approach, The Hope for Quality Primary Education)

By **Lu'Epotu LOKISSO**, Programme Specialist, Primary Education Division, Unesco, Paris

Annex 3

Child to Child

ACTIVITY SHEET

Child-to-Child Activity Sheets are a resource for teachers, and health and community workers. They are designed to help children understand how to improve health in other children, their families, and their communities. Topics chosen are important for community heath and suit the age, interests and experience of children. The text, ideas and activities may be freely adapted to suit local conditions.

HELPING CHILDREN WHO DO NOT GO TO SCHOOL

THE IDEA

In many countries more than half the children under fifteen do not go to school at all, or leave school very early. They stay at home to look after the younger ones, or to work in the house or the fields. Although the situation varies from country to country, most of them are girls.

School children can help those who are not at school by sharing their activities with them. They can play simple reading or counting games with them, and pass on simple health ideas learned in school. Children who do not go to school have much to share with those who do. The child at school must look on the child out of school as a friend and partner, not as one who is less important or who knows less.

These stories show how children who have not gone to school can help themselves and be helped by other children.

Mohammed's Story

Mohammed was a farmer's son. He came into the city and worked for a rich family. One of his tasks was to take one of the younger children to school. But Mohammed decided that he too needed to learn to read and write. With the help of the older children in the family, he taught himself, using first the simple books of the younger children, and then the books of older friends. Later the family he worked for paid for his schooling, and he was able to go to university.

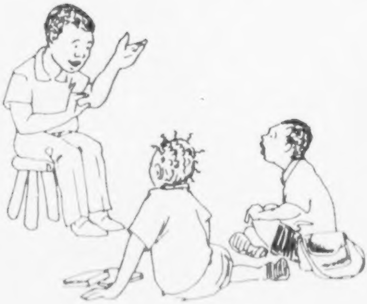
Kamala and Subira's Story

Kamala and Subira became close friends. Kamala had to leave school after she had learned to read, to look after two little boys at home. Subira was luckier. She stayed on at school and is now in the sixth class. But every day when she comes home, she talks with Kamala and helps her with her reading. They go out together in the street, and play at recognising all the writing on the shops and on the advertisments. Next year, Kamala will join a special evening class and continue her studies. She hopes one day to become a teacher of young children.

What Children Can Do Together

There are many things that children who are in school can do to help children who are not at school, including

- talking, and sharing ideas
- helping with counting, reading and writing
- sharing knowledge, especially about health.



ACTIVITIES

Talking Together

Children can tell each other stories. Children who go to school can read stories to their friends. If the child at home knows some good stories, the school child can write them down, and they can then read them together, and then make pictures about them. Remember talking about things helps reading about them.

Children can share 'what happened today'. Children from school can talk about some of the things that happened at school, and some of the things they have learned. Children at home can tell about what happened around home and in the neighbourhood while their friends were at school.

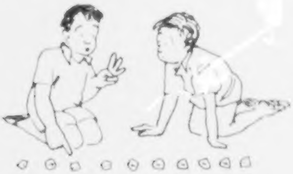
Learning to Count, Read and Write

Children who cannot count, read, or write often feel unhappy, especially if there are many other children in the community who can. By teaching them some simple things, we can help them to be less 'different' from others, and also show them that they can learn new things easily. Then they will have some of the skills they will need when they are older.

School children can teach their friends to *count*:

- to learn to count the numbers from one to ten
- to be able to recognise and write them
- to add and subtract simple sums
- to use small amounts of money, and count the change

Remember: always use real objects when teaching others to count or add or subtract. Use stones, sticks, real or copied coins.



They can teach their friends to begin reading and writing. Write on the ground if there is no paper or slate, and help them

- to learn the alphabet
- to recognise and write the letters
- to write their name
- to recognise and write the names of other people in the family
- to read numbers and signs in the street (if they live in town)
- to read or even write some simple names of objects around the house which are used every day.

Later on in this sheet there are some simple number and reading games that children can make.

School children can try to help their friends to **learn anything else which they want very much to learn**, for example how to write a short letter, how to address and post the letter, how to use the library (if they live in town), how to get to different places. In this way, children who are not at school can feel less alone, can look after their own families better when they grow up.

Passing on Health Messages

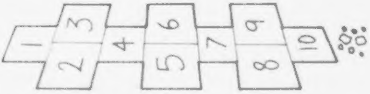
The child in school and the child at home can, if they work together, help to improve the health of younger children and of the whole family. The child in school may learn very important health messages, and many of these are described in other Child-to-Child activity sheets. In each one, there are ways for the children to work together. For example:

All children can take part in community health activities such as those described in the sheets about **Our Neighbourhood** (No 3.5), and **Immunisation** (No 6.4). In this way, **the school child and the child who stays at home, both together, can help to improve the health of the whole community.**

Activity Sheet	**Children Together**
Preventing Accidents (No 4.1)	— can make their homes and surroundings safer
Clean, Safe Water (No 3.4)	— can protect sources of water and keep drinking water clean at home
Playing with Younger Children (No 1.1)	— can make toys and play with the young ones
Caring for Children with Diarrhoea (No 6.1)	— can learn to make and give the Special Drink when they see that a child is ill with diarrhoea
Children's Stools and Hygiene (No 3.3)	— can see that little children use the latrine and wash their hands

Making Number and Counting Games

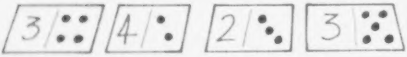
Number Games. Play number games like this (or make up another one like it).



Draw squares on the ground like this, and number them. Throw the right number of stones into the right space. Then learn to copy and write the numbers in the sand, or with chalk or on paper.

Practice finding numbers together in the streets, finding and telling where people live, collecting car numbers. Think of other ways to play with and use numbers you see in the street.

Make dominoes, and match the dots with the numbers.

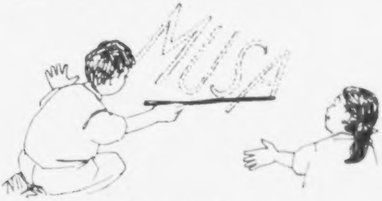


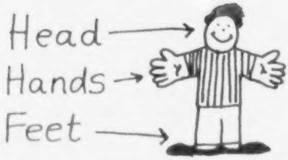
Counting Games.

- sing counting songs, use familiar ones or make your own
- count fingers and toes, backwards as well as forward
- count familiar objects (like stones and leaves), and things around us (like animals, plants and people)
- count animals in the evening, count produce for market
- play shop, learn to give change (paper money can be made at school), and then go shopping together

Make Reading and Writing Games

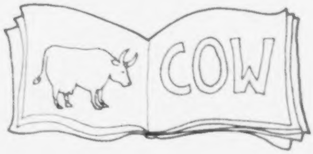
Alphabet Games. Make an alphabet book at school, perhaps with cloth. Or make a set of cards with a letter on each one. Put a picture of a word beginning with that letter on a small card. Use capital letters as well as small ones. Children can learn which letters make their name and the names of their friends. They can choose the cards which spell the names. They can practice writing the letters on the ground with a small stick, or on small cards.





Reading and Writing Games. Label and read the names of parts of the body, and familiar objects in the house and garden. Make messages and act them out to each other. Read signs in the shops and around town. The child who is at school can help the child at home to write his first letter.

Make a picture book for baby. The school child can make it at school. The child who is at home can read it to baby, and that way he will learn too.



FOLLOW-UP

Find out how many of the children have younger brothers and sisters, or older brothers and sisters who stay at home. Why do they stay at home? Have they been to school at all? Can they read, write and count? Share experiences.

How many of the school children have helped those at home? Ask them to tell stories about what they did for children at home. How can they do better next time? What games were best for teaching counting and number skills? What games were best for teaching letters, reading, writing? Did anyone think of new games for teaching these skills?

USING THIS SHEET

It is not easy to teach others to read and write, or to teach health ideas so they are clearly understood. If children want to help those who are not at school, they will have to continue for a long time. They will need help and ideas and encouragement from others. **Youth leaders, religious leaders, community workers** and especially **teachers** can help in many different ways. They can

- **discuss** with children how they can help others at home
- help them to **plan** the help they can give
- show them how to **make** educational materials
- **talk about** what they are doing with others who are not at school, and how they can do better

At school, perhaps some lesson time can be used for developing language and reading games for non-school children. Materials for reading and counting games can be made during art and craft time for example, or even during the reading or maths lesson. In this way, school children can use and improve their own skills, and at the same time make useful materials to share with the others.

All children of all ages can help. This is an activity where younger children who are lucky enough to go to school can help older ones who are not, and can look at what they have learned at the same time as teaching it to others.

For further information contact: Child - to -Child,
University of London Institute of Education,
20 Bedford Way, London WC1H 0AL

Digest No. 16*	Extending Basic Learning Opportunities: Challenge and Response, by Veda Prakasha, Ananda W.P. Gurugé, Amewusika K.B. Tay
Digest No. 17*	Education and Primary Health Care, by Bushra Jabre
Digest No. 18**	Early Childhood Development - Two Papers on UNICEF Policy and Programming, by UNICEF
Digest No. 19*(+)	Improving the Quality of Basic Learning Opportunities: Challenge and Response, by Veda Prakasha, Ananda W.P. Gurugé, Amewusika K.B. Tay
Digest No. 20*	Education for Child Survival and Development in Africa, Contributions by R. Kagia et al.
Digest No. 21*	Some Recent Ideas on School Feeding, Contributions by C. Chicot, B. Levinger, R. Loewald, R. Sack, S. Turner and J. Frost
Digest No. 22*	Educational Assessment and Early Intervention for Handicapped Children in Developing Countries, by Kristen Kristensen, David Baine and Marigold J. Thorburn
Digest No. 23*	School Clusters in the Third World: Making Them Work, by Mark Bray
Digest No. 24*	Meeting the Challenge of Basic Education and Literacy in Latin America and the Caribbean, Highlights of a Unesco/UNICEF Regional Seminar on the Universalization of Primary Education and Literacy, Sucre (Bolivia), 4-10 May 1987
Digest No. 25*(+)	Games and Toys in Early Childhood Education, Contributions by M. Mauriras-Bousquet, J. Ratnaike, N. van Oudenhoven, J.-P. Rossie, A.W.P. Gurugé and A. Michelet
Digest No. 26*	Women's Education in Africa, by Bushra Jabre
Digest No. 27*	Multiple-Shift Schooling: Design and Operation for Cost-Effectiveness, by Mark Bray
Digest No. 28*	Child Labour and Education, by Neera Burra

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* *Exists in French*

** *Exists in French and Spanish*

(+) *Currently out-of-stock*

*(+) *Out-of-stock in English, available in French version*